MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14666

CERTIFICATE OF DEATH

Reg. Dist. No. 123

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 34 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8501 Flower Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3031 - 7th St. N.E.

3. NAME OF DECEASED: (First) Mrs. Luella (Middle) (Last) Acken

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 31 1869

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Altoona Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Winfield Scott Ake

14. MOTHER'S MAIDEN NAME: Anna Mariah Ickes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Jos. S. Acken, 8501 Flower Ave, Tak. Pk, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Gastro-intestinal hemorrhage	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Metastatic carcinoma	Months
	DUE TO (c) Adenocarcinoma, uterus	1yr. 9mo.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 7, 1952, to Dec. 10 1952, that I last saw the deceased alive on Dec. 10, 1952, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Wallace R. Mark M.D. 7701 Carroll Ave. Takoma Pk, Md. 12-10-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 15-1952 — NAME OF CEMETERY OR CREMATORY: Summer Hill — LOCATION (City, town, or county) (State): Pa.

DATE REC'D BY LOCAL REG.: Dec 10-1952 — REGISTRAR'S SIGNATURE: E. Nelson Dodd

24. FUNERAL DIRECTOR ADDRESS: The S.H. Hines Co. 2201 14th St NW. Washington D.C.

RECEIVED
DEC 12 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

14667

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A14A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; MARYLAND; LENGTH OF STAY (In this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edward (Last) Addison

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1952

5. SEX: male

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-26-1900

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Md. State Roads

11. BIRTHPLACE (State or foreign country): md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Semore Addison

14. MOTHER'S MAIDEN NAME: Doris McCabe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Doris Addison - Gaithersburg md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval between onset and death: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Bouchat M.D. Gaithersburg Md 12-21-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 12/24/52; NAME OF CEMETERY OR CREMATORY Brooke Grove; LOCATION (City, town, or county) (State) Rockville, Md

DATE REC'D BY LOCAL REG. Dec 24 1952; REGISTRAR'S SIGNATURE Arnold H Cook

24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville, Md

RECEIVED
DEC 29 1983
BUREAU V. 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14668

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA (RURAL)
LENGTH OF STAY (in this place): 1 Mo. 3 D.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: NEW YORK — COUNTY: NIAGARA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NIAGARA FALLS
STREET ADDRESS (If rural give location): 1957 WELCH AVENUE

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Steve (Last) BANAS

4. DATE OF DEATH: (Month) (Day) (Year) December 10, 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: 12-25-17

9. AGE last birthday: 34 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): U. S. NAVY

10b. KIND OF BUSINESS OR INDUSTRY: CHIEF PETTY OFFICER

11. BIRTHPLACE (State or foreign country): NEW YORK

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: PAUL VICTOR BANAS

14. MOTHER'S MAIDEN NAME: MARY KORDOS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): YES
(If Yes, give war or dates of service): WWII

16. SOCIAL SECURITY No.: UNKNOWN

17. INFORMANT & ADDRESS: Mother: MARY KATHRYN BANAS 1957 Welch Ave, Niagara Falls, NY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X

Immediate cause (a) Glioblastoma multiforme (left frontal lobe) — Interval Between Onset And Death: 23 months.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-8-52

19b. MAJOR FINDINGS OF OPERATION: large infiltrating tumor, left fronto-parietal lobes.

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-7, 1952, to 12-10, 1952, that I last saw the deceased alive on 12-10, 1952, and that death occurred at 3:45 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Emil P. Thulen MD Lt Cdr. MC USN U.S. Naval Hospital Bethesda, Md 12-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): removal
DATE THEREOF: 12-11-52
NAME OF CEMETERY OR CREMATORY: HOLY TRINITY
LOCATION (City, town, or county) (State): LEWISTON NEW YORK

DATE REC'D BY LOCAL REGISTRAR: 12-11-52
REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR: R. A. PUMPHREY
ADDRESS: 7557 Wisconsin Ave Bethesda, Md.

COPY SENT TO LOCAL REGISTRAR NO. _____ DATE _____

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DEC 15 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 14669

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookmont — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6435 Brooks Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookmont
STREET ADDRESS (If rural, give location) 6435 Brooks Lane

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) HEBRY (Last) BOOSE

4. DATE OF DEATH: (Month) Dec. (Day) 25, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-21-'76

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter Self Emp.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John H. Boose

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: R. F. Boose -Item # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary occlusion — sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Grant J. Bouchard M.D. Gaithersburg md 12-27-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-29-52 | NAME OF CEMETERY OR CREMATORY: Rock Creek | LOCATION (City, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 12/27/52 | REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert L. Dunphey | ADDRESS: Bethesda, Md.

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DEC 30 19
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MARYLAND STATE DEPARTMENT OF HEALTH

14670

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery (7300 Baltimore Blvd) Takoma Park MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md
LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Haven 7300 Baltimore Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
4821 Bladgen Ave N.W.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARIE (Middle) (Last) BRODSKY

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: —

9. AGE Last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Ginsberg

14. MOTHER'S MAIDEN NAME: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Institution

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 11/4/52

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral arteriosclerosis.

(c) Senility

332+

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 4, 1952, to Dec 10, 1952, that I last saw the deceased alive on Dec 9, 1952, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William A. Miller M.D. ADDRESS 1825 I St. N.W. Wash D.C. DATE SIGNED 12-10-52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE 12/11/52 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Wheaton (State) Md.

DATE REC'D BY LOCAL REG. Dec 10-1952 REGISTRAR'S SIGNATURE Helena Dodd

24. FUNERAL DIRECTOR: B. Danzansky & Son ADDRESS 3501-14th St. N.W. Wash. D.C.

RECEIVED
DEC 14 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

4571

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown - R.1; MARYLAND; LENGTH OF STAY (in this place) 2 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Middlebrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN German Town R-1; STREET ADDRESS (If rural, give location) Middlebrook Rd

3. NAME OF DECEASED (Type or Print): (First) William; (Middle); (Last) Budd

4. DATE OF DEATH: (Month) Dec; (Day) 10; (Year) 1952

5. SEX: male

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 13 1919

9. AGE last birthday: 33 yrs.; If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Newton Budd

14. MOTHER'S MAIDEN NAME: Leanna Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Newton Budd Sr

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage due to shot gun — Interval Between Onset and Death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) wound in neck, — death

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY home

(CITY OR TOWN) Germantown (COUNTY) Monty (STATE) md

TIME (Month) (Day) (Year) (Hour) OF INJURY Dec 10 52 12:30 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? self inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ therean and from the evidence obtained by said Autopsy, Inspection ar Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Boorhart (Degree or title) M.D. ADDRESS: Gaithersburg md DATE SIGNED: 12-10-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 12/13/52; NAME OF CEMETERY OR CREMATORY: Oak Grove; LOCATION (City, town, or county) (State): Gaithersburg, Md

DATE REC'D BY LOCAL REG. Dec. 13/52; REGISTRAR'S SIGNATURE: Rhoda L Goode

24. FUNERAL DIRECTOR: Robert L. Snowden; ADDRESS: Rockville Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13672

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda | LENGTH OF STAY (in this place) 16½ days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 10216 Old Bladensburg Rd.

3. NAME OF DECEASED: (Type or Print) (First) Evelyn (Middle) A. Arnould (Last) Buscher
4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 19 52.
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Jan 7-1914
9. AGE last birthday: 38 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Walter S. Fawcett
14. MOTHER'S MAIDEN NAME: Nellie E Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Husband - Frederick Earl Buschey 10206 Old Bladensburg Rd. Silver Springs Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of breast with metastasis. DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)

Interval Between Onset And Death: 5 years

170+

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 4, 19 52, to Dec. 8, 19 52, that I last saw the deceased alive on Dec. 7, 19 52, and that death occurred at 6 10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
William O. Bailey Jr. M.D. | 2015 R I Ave. N.W. Wash. D.C. | 12/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/11/52 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery | LOCATION (City, town, or county) (State): Prince George Co., Maryland

DATE REC'D BY LOCAL REGISTRAR: 12/10/52 | REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Warner L. Pumphrey | ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14673

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: MONTGOMERY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA (RURAL)

LENGTH OF STAY (in this place): 18 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: VIRGINIA — COUNTY: STAFFORD

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: STAFFORD

STREET ADDRESS (If rural give location): (RURAL) RFD #1, ✓

3. NAME OF DECEASED: (Type or Print) (First) Valerie (Middle) Myers (Last) CARRINGTON

4. DATE OF DEATH: (Month) December (Day) 25 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 11 Sept. 1903

9. AGE last birthday: 49 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11. BIRTHPLACE (State or foreign country): SOUTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Frederick T. MYERS

14. MOTHER'S MAIDEN NAME: Elisa PITCHER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNKNOWN (If Yes, give war or dates of service) - - - - -

16. SOCIAL SECURITY No.: UNKNOWN

17. INFORMANT & ADDRESS: Husband: Ralph W. CARRINGTON, RFD #1, Stafford, Virginia

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Carcinoma Generalized — Interval Between Onset And Death: 6 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma Breast — 13 mos

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7-..., 1952, to 12-25-, 1952, that I last saw the deceased alive on 12-25- 1952, and that death occurred at 10:50 AM, from the causes and on the date stated above.

SIGNATURE: L. C. Tilman (Degree or title) CDR MC USN — ADDRESS: U.S.Naval Hospital, Bethesda,Md. — DATE SIGNED: 12-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-30-52 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county): Arlington — (State): Virginia

DATE REC'D BY LOCAL REGISTRAR: 12-29-52 — REGISTRAR'S SIGNATURE: Eric Ledbetter

24. FUNERAL DIRECTOR: R. A. PUMPHREY — ADDRESS: 7557 Wisconsin Ave., Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18671

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Bethesda — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural give location) 7101 Georgia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Maude (Middle) Hopkins (Last) Chapman
4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	Nov. 19-1877	75 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Toronto, Canada
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Fillmore Hopkins
14. MOTHER'S MAIDEN NAME: Marie Elizabeth Preston

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no
16. SOCIAL SECURITY No.: no.
17. INFORMANT & ADDRESS: Niece Eloise Sebrell - 12 N. Drive Bethesda Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0 Immediate cause (a) Arteriosclerotic Heart Disease —

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis with Hypertension —

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2- ....., 19 50., to 12/22 , 1952, that I last saw the deceased alive on 12/21 , 1952, and that death occurred at 8.05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Marion Bamstead — ADDRESS 9541 Gul. Oxford Silver Spring, Md. — DATE SIGNED 12/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial — DATE THEREOF 12/23/52 — NAME OF CEMETERY OR CREMATORY Greenlawn Memorial Park Cemetery — LOCATION (City or town, or county) (State) Newport News, Warwick, Virginia

DATE REC'D BY LOCAL REGISTRAR 12/24/52 — REGISTRAR'S SIGNATURE Bernice M. Thompson — 24. FUNERAL DIRECTOR Warner & Dunphrey — ADDRESS 8434 Ga. Ave. Silver Spring, Md.

RECEIVED
DEC 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sandy Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg Md; STREET ADDRESS (If rural, give location) City Md

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) WILLIAM (Last) CLARK

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 31 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer for Montgomery Co Md

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A Clark

14. MOTHER'S MAIDEN NAME: Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Emily D Clark Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Larynx & Trachea — Interval Between Onset and Death: 2 years

161X

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1952, to Dec 4, 1952, that I last saw the deceased alive on Dec 4, 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William C. Miller	M.D.	7 Brookeville, Gaithersburg	Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or County) (State)
Burial	Dec 6 1952	Laytonsville Md	Montgomery Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-5-52	Gertrude B Lawler	R & W Barber	Laytonsville Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14676 Reg. Dist. No. 3/6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 (1-1)

1. PLACE OF DEATH:
COUNTY ### Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4509 Ridge Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYALND COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE
STREET ADDRESS (If rural give location) 4509 RIDGE STREET

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jane (Last) COE

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: 11/16/74

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James T. Sewell

14. MOTHER'S MAIDEN NAME: Virginia Peters

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. James L. Ewin 4509 Ridge St. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

4291

Immediate cause (a) Coronary Embolism — 5. Min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cardio-Renal with — 5 yrs.

DUE TO

(c) Hypertension

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to Dec. 4, 1952, that I last saw the deceased alive on Dec 3, 1952, and that death occurred at 12/4/52 7:15 am. from the causes and on the date stated above.

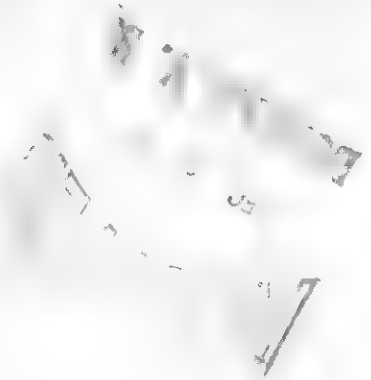
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William B. Orr M.D. 1835 Eye St. NW. 12-4-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/6/52 — NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery — LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 12/4/52 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The L. H. Nines Co. — ADDRESS Wash. D.C.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 41677

CERTIFICATE OF DEATH

Reg. Dist. No. 4-23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 7600 16th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) none (Last) Cohen

4. DATE OF DEATH: (Month) December (Day) 20 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-5-1906

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Bodick

14. MOTHER'S MAIDEN NAME: Fannie Pihler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Washington Sanitarium & Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Generalized carcinomatosis — Interval Between Onset And Death: ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma Rectosigmoid — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/4/52

19b. MAJOR FINDINGS OF OPERATION: tumor mass - rectosigmoid with generalized metastasis ovarian fibroid

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1952 to Dec. 12, 1952 that I last saw the deceased alive on Dec. 20, 1952, and that death occurred at 4:05 PM. from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin Isaacson M.D. ADDRESS 7896 Georgia Ave. Silver Spring Md. DATE SIGNED 12/20/52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 12/22/52 — NAME OF CEMETERY OR CREMATORY King David Memorial Park — LOCATION (City, town, or county) Falls Church (State) Va.

DATE REC'D BY LOCAL REGISTRAR DEC 20 1952 — REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR B. Ramsburg & Son — ADDRESS 3501-14 St. Wash D C

RECEIVED
DEC 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14075 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Takoma Park
LENGTH OF STAY (in this place): 18 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring, Maryland
STREET ADDRESS (If rural, give location): 8602 Glenville Road

3. NAME OF DECEASED: (Type or Print) (First) Maurice (Middle) James (Last) Connor

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: Sept. 2 - 1875

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam Fitter

10b. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Connor

14. MOTHER'S MAIDEN NAME: Mary Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Patient's hospital Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: one day

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardio-Vasc. Disease — Interval Between Onset and Death: Nine Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/31/52, 19..., to 12/29/, 1952, that I last saw the deceased alive on 12/29/, 1952, and that death occurred at 4:05 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Robert A Hare M.D. ADDRESS Takoma Park Md DATE SIGNED 12/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF Jan 2 1953 NAME OF CEMETERY OR CREMATORY Mt. Olivet LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. Dec 29-1952 REGISTRAR'S SIGNATURE J. Hilton Dodd

24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821 19TH ST. WASHINGTON D.C.

VS/A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 706 Guilford Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Missouri — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kirkwood
STREET ADDRESS (If rural, give location) S. Holmes Street

3. NAME OF DECEASED (Type or Print): (First) Nancy (Middle) Ann (Last) Coots

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6/3/68

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker - Retired

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): California, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Mahoney

14. MOTHER'S MAIDEN NAME: Mary Ellan Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Clarence S. Watts, 706 Guilford St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Decompensation	about 5 yrs
490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
	(c) Pneumonia, lobar	1 week

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to 22 Dec, 1952, that I last saw the deceased alive on 21 Dec, 1952, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE: William D Reed — (Degree or title): MD — ADDRESS: Silver Spring, Maryland — DATE SIGNED: 22 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. for Burial — DATE THEREOF: 12/23/52 — NAME OF CEMETERY OR CREMATORY: Annunciation Cath. Cemetery — LOCATION (City, town, or county) (State): California, Missouri

DATE REC'D BY LOCAL REG. 12-24-52 — REGISTRAR'S SIGNATURE: James Porter

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14680

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA (RURAL)
LENGTH OF STAY (in this place): 24 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: WASHINGTON, D. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON, D. C.
STREET ADDRESS (If rural give location): WARDMAN PARK HOTEL

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Eugene (Last) COX

4. DATE OF DEATH: (Month) December (Day) 24 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: April 3, 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): CONGRESSMAN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): GEORGIA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Stephen COX

14. MOTHER'S MAIDEN NAME: Mary WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): UNKNOWN (If Yes, give war or dates of service): - - - -

16. SOCIAL SECURITY No.: UNKNOWN

17. INFORMANT & ADDRESS: Wife: Grace COX, Same as 2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Infarction, Myocarditis — Interval Between Onset And Death: 1 hr.

420.0

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — 8-10 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Nov., 1952 to 24 Dec., 1952, that I last saw the deceased alive on 24 Dec, 1952, and that death occurred at 4:30 Pm, from the causes and on the date stated above.

SIGNATURE: Jno. MacGregor (Degree or title): Cdr. MC USN ADDRESS: USNH Bethesda Md DATE SIGNED: 27 Dec. 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 24 Dec. 1952 — NAME OF CEMETERY OR CREMATORY: CAMILLA — LOCATION (City, town, or county) (State): CAMILLA GEORGIA

DATE REC'D BY LOCAL REGISTRAR: 12-24-52 — REGISTRAR'S SIGNATURE: Felix Whittington

24. FUNERAL DIRECTOR ADDRESS: LEE FUNERAL HOME 4TH & MASSACHUSETTS AVE., WASHINGTON, D.C. NE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14681

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-54

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 18 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 Baltimore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 411 Highland Drive

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) Mae (Last) Cronin

4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 28, 1866

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Prairie du Chien, Wis.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George P. Anderson

14. MOTHER'S MAIDEN NAME: Mary Lockhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. V. C. Sherman 411 Highland Drive Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	Years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death a. Hypostatic pneumonia 4 days. b. Hypertrophic arthritis 15 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 30, 1952 to Dec. 14, 1952, that I last saw the deceased alive on Dec. 13, 1952, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
William N. Mook M.D. 7701 Carroll Ave. Takoma Pk. Md. 12-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Dec 16, 1952

NAME OF CEMETERY OR CREMATORY Parklawn

LOCATION (City, town, or county) (State) Montgomery Co. Md.

DATE REC'D BY LOCAL REG. Dec 15 1952

REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR Everett R. Dempsey, ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

24682

Reg. Dist. No. 216

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; LENGTH OF STAY (in this place) 15 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gardens Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural, give location) 6208 Wedgewood Road

3. NAME OF DECEASED (Type or Print): (First) Nina (Middle) Vose (Last) DARLING

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan. 8, 1867

9. AGE last birthday: 85 yrs. If under 1 year: Months 11, Days 18, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas E. Lawton

14. MOTHER'S MAIDEN NAME: Ellen Vose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Theodore Sweet- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis,	24 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis, Advanced	5+ yrs.
	(c) Generalized Arteriosclerosis	10+ yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: (none) 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1952 to Dec. 1952, that I last saw the deceased alive on Dec. 25, 1952, and that death occurred at 9:20 P.m., from the causes and on the date stated above.

SIGNATURE: Samuel W. Gong (Degree or title) ADDRESS: MD. 915-19th St. NW DC DATE SIGNED: 12-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit; DATE THEREOF: 12-27-52; NAME OF CEMETERY OR CREMATORY: North Burial Ground; LOCATION (City, town, or county) (State): Providence, Rhode Island

DATE REC'D BY LOCAL REG.: 12/27/52; REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Roberts A. Pumphrey; ADDRESS: Bethesda, Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11383

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 11 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 E. Franklin ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont'y
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 202 E. Franklin ave.

3. NAME OF DECEASED (Type or Print): (First) Madge (Middle) Garst (Last) Davidson
4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-28-1899
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Garst
14. MOTHER'S MAIDEN NAME: Alice Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: John J. Davidson (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) undetermined — 6 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Was a Chantrix accountant

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE, WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Frank J. Bronhart M.D. Gaithersburg Md 12-16-52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 12-15-52 — NAME OF CEMETERY OR CREMATORY Arlington Natl — LOCATION (City, town, or county) Arlington, — (State) Va

DATE REC'D BY LOCAL REG. Dec 11/52 — REGISTRAR'S SIGNATURE Florence Potter

24. FUNERAL DIRECTOR — ADDRESS
The S.H. Hines Co 2901 14th St NW

Luby G.49 - Stem
12/24/52 mmb.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11681

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6310 Georgia Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 6310 Georgia Street

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) S. (Last) DAVIES

4. DATE OF DEATH: (Month) Dec (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-17-[illegible] 1875

9. AGE last birthday: 77 yrs. If under 1 year: Months 6 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Joseph Simmons

14. MOTHER'S MAIDEN NAME: Jane Humphrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Charles K. Davies- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

411 Immediate cause (a) acute myocardial failure — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic cardio-vascular-renal degeneration — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 22, 1952, to Dec 15, 1952, that I last saw the deceased alive on Dec 15, 1952, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE: Emil G. Bauerfeld M.D. (Degree or title) ADDRESS: Bethesda, Md DATE SIGNED: 12/16/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-17-52

NAME OF CEMETERY OR CREMATORY: Darnestown Church Cem.

LOCATION (City, town, or county) (State): Darnestown, Md.

DATE REC'D BY LOCAL REG.: 12/20/52

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Robert F. Pumphrey

ADDRESS: Bethesda, Md.

12/22/

1465

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4630 Western Ave.

3. NAME OF DECEASED (Type or Print): (First) HERBERT (Middle) ERNEST (Last) DAY
4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: DEC 25 1952
9. AGE last birthday: 82 yrs. — If under 1 year: Months 11, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Teacher
11. BIRTHPLACE (State or foreign country): Conn.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Herbert Day
14. MOTHER'S MAIDEN NAME: Ellen Millard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Ellen Lyle Day, 4630 Western Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart disease	years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 3, 1938, to Dec 24, 1952, that I last saw the deceased alive on Dec 24, 1952, and that death occurred at 750 A m., from the causes and on the date stated above.

SIGNATURE: C.P. Ryland (Degree or title) ADDRESS: RYLAND, M.D. 4400 - 49th St., N. W. Washington, D.C. DATE SIGNED: DEC 25 1952

23. BURIAL, CREMATION / REMOVAL (Specify): Cremation
DATE THEREOF: Dec. 27, 1952
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery
LOCATION (City, town, or county) (State): Suitland Rd., Md.

DATE REC'D BY LOCAL REG. 1-6-53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Chevy Chase Funeral Home
ADDRESS: 5103 Wis., Ave., N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenmar Park — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5305 Marlyn Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenmar Park
STREET ADDRESS (If rural, give location) 5305 Marlyn Drive

3. NAME OF DECEASED (Type or Print): (First) JULIA (Middle) McINNIS (Last) DENSON

4. DATE OF DEATH: (Month) DEC. (Day) 26, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 6-2-1876

9. AGE last birthday: 76 yrs. — If under 1 year: Months 6 / Days 24 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: John D. McInnis

14. MOTHER'S MAIDEN NAME: Emma ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Eugene C. Denson 5305 Marlyn Dr. Glenmar Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

175X Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert A. Dumphrey, M.D. 1757 N. St N.W. Wash. D.C. 12-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit | DATE THEREOF: 12-26-52 | NAME OF CEMETERY OR CREMATORY: Magnolia | LOCATION (City, town, or county) (State): Lauderdale Co., Mississippi

DATE REC'D BY LOCAL REG.: 12/27/52 | REGISTRAR'S SIGNATURE: Bessie M. Hamilton

24. FUNERAL DIRECTOR: Robert A. Dumphrey ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1465 217

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Olney
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Ashton
STREET ADDRESS (If rural give location): Rockville Maryland R#3

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Anna (Last) Dubin

4. DATE OF DEATH: (Month) December (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/14/1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Phillip Nemoff

14. MOTHER'S MAIDEN NAME: Hilda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.2 Immediate cause (a) Cachexia — Interval Between Onset And Death: 7 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic monocytic leukemia — 3 months

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30, 1952 to Dec 7, 1952, that I last saw the deceased alive on Dec 7, 1952 and that death occurred at 7:25 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles S. Whitaker, M.D. Clarksville, Md. Dec 7, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 12-10-52 — NAME OF CEMETERY OR CREMATORY Burtonsville Union — LOCATION (City, town, or county) (State) Burtonsville Md

DATE REC'D BY LOCAL REGISTRAR 12-7-52 — REGISTRAR'S SIGNATURE Gertrude B Lawley

24. FUNERAL DIRECTOR J. Esther Adkins By Hm Day — ADDRESS 254 Carroll St. N.W. Takoma Park, D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase | LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6309 Hillcrest Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6309 Hillcrest Place

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Grafton (Last) Dunlop
4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 6, 1887
9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank Executive
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (State or foreign country): District of Columbia.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Thomas Dunlop
14. MOTHER'S MAIDEN NAME: Emily Redin Kirk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 577-03-4506
17. INFORMANT AND ADDRESS: Ruth Kirtus Dunlop → (above address)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Infarction — 1 wk.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Thrombosis — 1 wk.

(c) Arteriosclerotic + Hypertensive Cardiovascular Disease — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1949, to Dec. 13th, 1952, that I last saw the deceased alive on Dec. 13th, 1952, and that death occurred at 9:06 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W D Ecker M.D. 917-20th St. N.W. Washington D.C. 12/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Dec. 15, 1952
NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG. 12/15/52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Jos. Gawthrop Sons — ADDRESS: 1756 Penn. Ave. NW. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1468

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: MONTGOMERY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA, (RURAL)
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: WASHINGTON, D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON, D. C.
STREET ADDRESS (If rural give location): 1138 CHAPLIN STREET, S.E.

3. NAME OF DECEASED: (Type or Print) (First) Judith (Middle) (none) (Last) EAU CLAIRE

4. DATE OF DEATH: (Month) December (Day) 20, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 2-22-49

9. AGE last birthday: 3 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): - - - - - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -

11. BIRTHPLACE (State or foreign country): WASHINGTON, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: FELIX A. EAU CLAIRE

14. MOTHER'S MAIDEN NAME: BESSIE E. BAKER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) - - - - - -

16. SOCIAL SECURITY NO.: --- -- ----

17. INFORMANT & ADDRESS: Father: Felix A. EAU CLAIRE — 1138 Chaplin St, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591+ **Immediate cause** (a) Uremia — Interval Between Onset And Death: 72 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Nephrosis, Lipoid — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 12/17, 1952, to 12/20, 1952, that I last saw the deceased alive on 12/20, 1952, and that death occurred at 1530, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles L. Waite Lt (MC) USN — **ADDRESS** US Naval Hosp. — **DATE SIGNED** 12/22/52

22. BURIAL, CREMATION, REMOVAL (Specify) Removal — **DATE THEREOF** 12-21-52 — **NAME OF CEMETERY OR CREMATORY** MAPLEWOOD — **LOCATION** (City, town, or county) (State) MALOBORO, MASSACHUSETTS

DATE REC'D BY LOCAL REGISTRAR 12-21-52 — **REGISTRAR'S SIGNATURE** Estelle Worthington

24. FUNERAL DIRECTOR LEE FUNERAL HOME — **ADDRESS** 4th & Massachusetts Ne, Washington, D. C.

VS. A15

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14690

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 2149 K. St. N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Agnes (Last) England

4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 17-1882

9. AGE Last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Loveday

14. MOTHER'S MAIDEN NAME: Florence Thompson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Son- Joseph F. England 5325 Willard ave. Chevy Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 44 7X
(a) Thrombosis Abdominal Aorta (Saddle) and Right Brachial artery. — Interval Between Onset And Death: 48 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Hypertension - Cardio-Vascular Renal Disease — 3 years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1946, to 12-24, 1952, that I last saw the deceased alive on 12-24, 1952, and that death occurred at 7.46 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
P.P. Andrews M.D Washington DC 12-24-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/29/52
NAME OF CEMETERY OR CREMATORY Arlington
LOCATION (City, town, or county) (State) Arlington Va
DATE REC'D BY LOCAL REGISTRAR 12/26/52
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14 St. N.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14691 Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 119 West Leland Street

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Ethl (Last)

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: Mar. 2, 1873 | 9. AGE Last birthday: 79 yrs. | IF UNDER 1 YEAR Months 9 Days 23 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Hungary | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Endre Horvath | 14. MOTHER'S MAIDEN NAME: Anna ?

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Mrs. James V. Bennett-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
151X Immediate cause	(a) DUE TO	Carcinomatosis of abdomen	1 yr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Carcinoma ... of stomach	1yr +
	(c)		

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct. ,1952, to Dec 25, 1952 that I last saw the deceased alive on Dec 25, 1952 and that death occurred at 10 40 PM, from the causes and on the date stated above.

SIGNATURE Stewart Ashby (Degree or title) M.D. ADDRESS 3921 Ingomar St. N.W. DATE SIGNED Dec 26 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF 12/26/1952 | NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory | LOCATION (City, town, or county) Prince George (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 12/27/52 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roberts & Pumphrey ADDRESS Bethesda, Md.

DEC

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1692

Reg. Dist. No. 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4209 Garrett Park Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 4209 Garrett Park Road

3. NAME OF DECEASED (Type or Print): (First) Sharon (Middle) Ann (Last) Fazenbaker
4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 7/22/52
9. AGE last birthday yrs. — If under 1 year: Months 5 Days 8 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hugh E. Fazenbaker
14. MOTHER'S MAIDEN NAME: Patricia Krohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mr. Hugh E. Fazenbaker, 4209 Garrett Park Rd Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis of both lungs (congenital) — 1 wk.

7620 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Bosserhart M.D. Gaithersburg md 12-30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/2/53
NAME OF CEMETERY OR CREMATORY: Parklawn Cemetery
LOCATION (City, town, or county): Montgomery County, (State) Md.

DATE REC'D BY LOCAL REG. 1-2-53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Warner E. Pumphrey
ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

2072222406

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14393

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 Baltimore Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. Of Col. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3800 - 14th Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) Houghtelin (Last) FIELD

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mch. 15, 1870

9. AGE last birthday: 82 yrs. — If under 1 year: Months 9, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Gettysburg, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Houghtelin

14. MOTHER'S MAIDEN NAME: Adelaide McMillan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Miss Adelaide Fiels- Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

#443X Immediate cause (a) Cerebral Hemorrhage — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease

(175X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Carcinoma from Carcinoma of left ovary

19a. DATE OF OPERATION: Nov. 28, 1952

19b. MAJOR FINDINGS OF OPERATION: Left ovary with generalized metastasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1936, to Dec. 26, 1952, that I last saw the deceased alive on Dec. 25, 1952, and that death occurred at 9:35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Marion Bamberd M.D. 9541 Columbia Blvd. Silver Sp. Md. 12/26/52

BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-29-52 — NAME OF CEMETERY OR CREMATORY: Rockville Union — LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REG.: Dec 30th — REGISTRAR'S SIGNATURE: J. Milton Dodd

NAME OF FUNERAL DIRECTOR: Robert A. Dumbrey — ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1691

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; MARYLAND LENGTH OF STAY (In this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 903 Fourth Glen Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Laurel Park; STREET ADDRESS (If rural, give location) R-2

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Earl (Last) Findley

4. DATE OF DEATH (Month) Dec (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: 6-24-1890

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): DC

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Findley

14. MOTHER'S MAIDEN NAME: Beulah Blandon Wally

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lelia Walley 903 Fourth Glen Rd Silver Spring

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Bowstead (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 12-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 12/12/52; NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery; LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REG. 12-9-52; REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: S.H. Hines Co. ADDRESS: 2901 14th at N.W. Wash D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1695

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN: Takoma Park

LENGTH OF STAY (in this place): 5 min

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park

STREET ADDRESS (If rural, give location): 8304 Roanoke Ave

3. NAME OF DECEASED: (Type or Print) (First) Richmond (Middle) Viers (Last) Fletcher

4. DATE OF DEATH: (Month) Dec (Day) 26 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fe.	Cau. Fe.	Widow	Dec. 26, 1890	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph Higgins Clagett

14. MOTHER'S MAIDEN NAME: Molly Hemone Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: (Daughter) Mrs Barbara J. Castle - 8304 Roanoke Ave T.P. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
4457 Immediate cause	(a) Acute Ventricular fibrillation of heart DUE TO	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Cardiovascular disease DUE TO	3 months
	(c) Hypertension	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pleurisy & effusion

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1952, to Dec 26, 1952, that I last saw the deceased alive on Dec 26, 1952, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Arthur E Coyne M D Takoma Park Md 12-26-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/30/52	Rock Creek	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 30-52	Jos Tim Dodd	F Gaude sons	Hyattsville Md.

VS. A15 8-51

Items #8&9, Film G149
12/15/52, mnb

MARYLAND STATE DEPARTMENT OF HEALTH

14696

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney | LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 540 Beall Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Alice	Flook	December	7	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	9/17/1887 1870	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
AT HOME		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harrison King	Mary Lema Essex

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
NO	NONE	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
90% Immediate cause	(a) Acute cardiac failure	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of R. hip	11 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Rockville	Monty	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Nov 26-52 5 P.m.		Fell from stair step

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bosschart	M.D.	Gaithersburg Md	12-7-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10 Dec 1952	MT. OLIVET CEMETERY	FREDERICK, MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-7-52	Gertrude B. Fowler	M. R. ETCHISON AND SON	FRED'K, MD

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 4897

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) OWEY
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
STREET ADDRESS (If rural give location) R # 1

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) (Last) Frazier

4. DATE OF DEATH: (Month) December (Day) 6 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10/5/1934

9. AGE last birthday: 18 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): domestic

10b. KIND OF BUSINESS OR INDUSTRY: at home.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stansbary Frazier

14. MOTHER'S MAIDEN NAME: Vernese Claggett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

590x

Immediate cause (a) DUE TO Acute Diffuse Glomerulo - nephritis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 12 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 1952, to Dec. 6, 1952, that I last saw the deceased alive on Dec. 6, 1952, and that death occurred at 2 40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Schumacher, M.D. ADDRESS Gaithersburg, Md. DATE SIGNED Dec. 9, 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12/9/52 NAME OF CEMETERY OR CREMATORY Brookgrove LOCATION (City, town, or county) (State) Gaithersburg Md

DATE REC'D BY LOCAL REGISTRAR 12-9-52 REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Robert L Snowden ADDRESS Rockville

MARYLAND STATE DEPARTMENT OF HEALTH

1169

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sandy Spring; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia; COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sticky Creek

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) JESSIE (Last) FRYE

4. DATE OF DEATH: (Month) Dec. (Day) 30, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 5 1871

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: S. L. Porter

14. MOTHER'S MAIDEN NAME: Virginia Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. G.A.Gettings, 3511 Old Dominion Blvd Alexandria, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153+

Immediate cause (a) Carcinomatosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma of left breast (Primary)

(c) Adenocarcinoma of colon (Primary)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 June, 1952, to Dec 30, 1952, that I last saw the deceased alive on Dec 28, 1952, and that death occurred at 5:57 P m., from the causes and on the date stated above.

SIGNATURE: Wilfred W. Eastman (Degree or title) M.D ADDRESS: 1200 Prospect Ave., Takoma Park, Md DATE SIGNED: Dec 30, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Shipment

DATE THEREOF: Dec. 31, 1952

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): Petersburg, Dinwiddie Co. Va.

DATE REC'D BY LOCAL REG.: 12-30-52

REGISTRAR'S SIGNATURE: Gertrude B Fowler

24. FUNERAL DIRECTOR: Wharton E. Pumphrey ADDRESS: 8134 Ga. Ave., Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6599

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monty
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Gaines

4. DATE OF DEATH: (Month) Dec (Day) 13 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 11.30.76 | 9. AGE last birthday: 76 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Brown | 14. MOTHER'S MAIDEN NAME: Margaret Pumphrey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443+ Immediate cause (a) Cerebro vascular Accident — Interval Between Onset And Death: 2 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive Cardiovascular Disease — Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus w/ Hemiplegia — 8 yrs 2 Byrs

19a. DATE OF OPERATION: 11 10 52 | 19b. MAJOR FINDINGS OF OPERATION Gangrene of foot, left | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.14.1950., to 12.13., 19.52, that I last saw the deceased alive on 12.13., 1952, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Sandy Spring Md DATE SIGNED 12/13/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/16/52 | NAME OF CEMETERY OR CREMATORY Sandy Spring | LOCATION (City, town, or county) Sandy Spring Md (State)

DATE REC'D BY LOCAL REGISTRAR 12-16-52 | REGISTRAR'S SIGNATURE Gertrude B Lawler | 24. FUNERAL DIRECTOR Robert L. Brown | ADDRESS Rockville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17700

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY Montgomery — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
   LENGTH OF STAY (in this place) 4 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Maryland — COUNTY Mont.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
   STREET ADDRESS (If rural give location) 6410 Georgia Street

3. NAME OF DECEASED: (Type or Print) (First) Sophy (Middle) Marie (Last) Goodwin

4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan 7, 1868

9. AGE Last birthday: 84 yrs. IF UNDER 1 YEAR Months 10 Days 25 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Goodwin

14. MOTHER'S MAIDEN NAME: Susan Caroline Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Kathryn D. Goodwin 6410 Georgia Street Chevy Chase Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

337

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 29, 1952, to Dec 2, 1952 that I last saw the deceased alive on Dec 2, 1952, and that death occurred at 10 35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William N. Gabel M.D. 8016 Old Georgetown Rd Bath, Md 12-2-52.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-transit — DATE THEREOF 12/4/52 — NAME OF CEMETERY OR CREMATORY Forest Hills — LOCATION (City, town, or county) (State) Dane County Wisconsin

DATE REC'D BY LOCAL REGISTRAR 12/8/52 — REGISTRAR'S SIGNATURE Register in charge — 24. FUNERAL DIRECTOR ADDRESS Robert A. Humphrey Bethesda, Md.

W 12200

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14701

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Takoma Park.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7030 Carroll Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park.
STREET ADDRESS (If rural give location) 6814 Westmoreland Ave

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) E. (Last) Gould.

4. DATE OF DEATH: (Month) Dec (Day) 19 (Year) 1952.

5. SEX: Fem

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Sept. 20, 1889

9. AGE last birthday: 63 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country) unknown

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Edward Heade

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Charles W. Gould, 6814 Westmoreland Ave T.P. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5937

Immediate cause (a) Coronary Occlusion. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr. Glomerulo Nephritis DUE TO

(c)

Interval Between Onset And Death: 1 day. 1st Week Nov. 1950

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8/ ,19 47 to 12/19/ , 19 52, that I last saw the deceased alive on 12/19/ , 19 52, and that death occurred at 1 PM, from the causes and on the date stated above.

SIGNATURE Howard Stone Smith (Degree or title) ADDRESS 7030 Carroll Ave Takoma Park Md DATE SIGNED 12/19/52

23. BURIAL, CREMATION, REMOVAL - (Specify) Burial

DATE THEREOF Dec. 23, 1952

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) Arlington, (State) Virginia

DATE REC'D BY LOCAL REGISTRAR Dec 19-1952

REGISTRAR'S SIGNATURE Nelson Dodd

24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St NW Takoma Park Md

ADDRESS

VS. A15

RECEIVED
DEC 29 19
BUREAU V. E

MARYLAND STATE DEPARTMENT OF HEALTH

14702

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson; MARYLAND; LENGTH OF STAY (in this place) 1 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson; STREET ADDRESS (If rural, give location) R.F.D. # 1

3. NAME OF DECEASED (Type or Print): (First) Patricia (Middle) Ann (Last) Grimes

4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Nov 5-1952

9. AGE last birthday: yrs. | If under 1 year: Months 1, Days 27 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Frederick Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles G. Grimes

14. MOTHER'S MAIDEN NAME: Ruth J Streaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Charles G. Grimes (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to Vomitus — Interval Between Onset and Death: Found dead in bed.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Bronchart M.D. | Gaithersburg Md | 12-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12-14-52 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | LOCATION (City, town, or county) Frederick (State) Md.

DATE REC'D BY LOCAL REG. 12-15-52 | REGISTRAR'S SIGNATURE Charles W. Elgin | 24. FUNERAL DIRECTOR W.B. Hilton | ADDRESS Barnesville Md.

VS. A15A

20X2212406

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14702

Reg. Dist. No. 2-8

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; LENGTH OF STAY (In this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 416 Frederick Ave; STREET ADDRESS (If rural, give location) Gaithersburg Md

3. NAME OF DECEASED (Type or Print): (First) TRESSIE (Middle) LEE (Last) GRIMM

4. DATE OF DEATH: (Month) Dec (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 14 1888

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Horace Young

14. MOTHER'S MAIDEN NAME: Laura Warthen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Frederick D Grimm Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X Immediate cause (a) Adenocarcinoma of Stomach — Interval Between Onset and Death: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 20, 1952

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Stomach with metastases to liver

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct., 1952, to Dec. 9, 1952, that I last saw the deceased alive on Dec. 8, 1952, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jack Schumacher M. D. Gaithersburg, Md. Dec. 11, 52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec 11 52

NAME OF CEMETERY OR CREMATORY: Forest Oak

LOCATION (City, town, or county) (State): Gaithersburg Md

DATE REC'D BY LOCAL REG.: Dec 11, 1952

REGISTRAR'S SIGNATURE: Abdel G Cooke

24. FUNERAL DIRECTOR ADDRESS: Roy W Barber Gaithersburg Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7704

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct type is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 37 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickenson
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) Glenville (Last) Hamilton

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 30, 1880

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer on a dairy farm

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dennis Hamilton

14. MOTHER'S MAIDEN NAME: Henretta Duffin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary Jackson 431 New Jersey Ave SE.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 1) Congestive Heart Failure — Interval Between Onset And Death: 2 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) 2) Bronchopneumonia, bilateral, severe — 4 Days.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis, old. — ?

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21, 1952, to Dec. 22, 1952, that I last saw the deceased alive on Dec. 22, 1952, and that death occurred at 3:20 PM, from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Robert Blum M.D. — 5029 Battery Ave Bethesda Md — Dec 24/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 27 — NAME OF CEMETERY OR CREMATORY Poolesville — LOCATION (City, town, or county) (State) Montgomery Co Md

DATE REC'D BY LOCAL REGISTRAR 12/30/52 — REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR — ADDRESS Robert L. Snowden Rockville Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1701

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase

STREET ADDRESS (If rural, give location) 5063 Bradley Blvd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MYRA	LULU	HARGREAVES	Dec. 29, 1952 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	2-4-1878	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher	Public Schools	New Jersey	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Adams	Victoria Hassell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	----	Adele Woolsey 111 W. Underwood St Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Heart Failure	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease Aortic Stenosis	5 yrs.
	(c)	

4438

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 21, 1952, to Dec. 29, 1952, that I last saw the deceased alive on Dec. 28, 1952, and that death occurred at 8:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sidney Colombia, M.D.		3921 Lyngoman Lane N.W. Wash DC	12/29/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	12-31-52	Geo. Wash. Memorial Park	Jersy City, New Jersey

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/31/52		Robert A. Dumphrey	Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14706

CERTIFICATE OF DEATH

Reg. Dist. No. 214

VS. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs — LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 4414 Sigsbee Road

3. NAME OF DECEASED (Type or Print): (First) Ara (Middle) Belle (Last) Havener

4. DATE OF DEATH: (Month) December (Day) 27 (Year) 1952

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, (WIDOWED), DIVORCED, (Specify)

8. DATE OF BIRTH: March 16 1883

9. AGE last birthday: 69 yrs. — If under 1 year: Months 9 Days 11 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Aldie Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert C. Costello

14. MOTHER'S MAIDEN NAME: Araminta Trussell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Daughter - Mrs. J. F. Hudson - Address: Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarct. — Interval between onset and death: 20 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 260X

(b)

(c) Diabetes Mellitus. — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from D.O.A. 19 — to No previous attention. 19 —, that I last saw the deceased alive on — 19 —, and that death occurred at 11:11 p. m., from the causes and on the date stated above.

SIGNATURE John R. Hudson (Degree or title) ADDRESS 10004 Chelwood Rd. DATE SIGNED 12/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 30, 1952 — NAME OF CEMETERY OR CREMATORY: Chestnut Grove — LOCATION (City, town, or county): Herndon — (State): Virginia

DATE REC'D BY LOCAL REGISTRAR: Dec 9/53 (My Mail) — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Hoes Rayston — ADDRESS: Mt. Vernon, Va.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1707

CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (8-51)

1. PLACE OF DEATH: ONLEY
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) ZION ROAD, ONLEY, MD.

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) (Last) Hawkins

4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: ?

9. AGE last birthday: 70 ? yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALFRED HAWKINS

14. MOTHER'S MAIDEN NAME: SARAH ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: HERMAN HAWKINS (SON) 1002-23 ST. N.W. WASH. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cachexia	2 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinoma of Colon	9 mo
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1952 to 12/1, 1952 that I last saw the deceased alive on 11/24, 1952 and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED 12/1/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal DATE THEREOF Dec. 4, 1952 NAME OF CEMETERY OR CREMATORY PAYNES LOCATION (City, town, or county) WASH. D.C. (State)

DATE REC'D BY LOCAL REG. 12-2-52 REGISTRAR'S SIGNATURE Gertrude B. Lawler

24. FUNERAL DIRECTOR ADDRESS Brooks & Allen Funeral Home 1200 Fla. Ave. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 1 year 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 8617 Piney Branch Road

3. NAME OF DECEASED: (Type or Print) (First) Margery (Middle) Mittie G (Last) Hayden

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 4-7-1891

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dallas Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Sheppard Grace

14. MOTHER'S MAIDEN NAME: Florence Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 129-03-6940

17. INFORMANT & ADDRESS: Washington Sanitarium Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Rupture left ventricle of heart — Interval Between Onset And Death: 5 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Right Coronary occlusion — 4 days
DUE TO (c) Generalized arteriosclerosis — 20 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-8- ,1949, to 12-22-, 1952, that I last saw the deceased alive on 12/22, 1952, and that death occurred at 12:50 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) M. O'Connell M.D. ADDRESS 8015 Woodbury Dr Silver Spring, Md DATE SIGNED 12/23/52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 12/24/52 — NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory — LOCATION (City, town, or county) (State) Prince Geo. County, Md.

DATE REC'D BY LOCAL REGISTRAR Dec 27th 1952 — REGISTRAR'S SIGNATURE J. Wilfred Dodd

24. FUNERAL DIRECTOR Warner E. Pumphrey — ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

VS. A15

DEC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—1-53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): Bmo-16da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 211 Albany Ave.

3. NAME OF DECEASED (Type or Print): (First) Mrs. Linda (Middle) — (Last) Hite

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1952.

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 7-23-84

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel A Whitmer

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

443x

Immediate cause (a) Uremia

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Chronic Nephritis

DUE TO

(c) Hypertensive Cardiovascular Disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1947, to 12/6, 1952, that I last saw the deceased alive on 12/5, 1952, and that death occurred at 5:55 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Dean H. Harding M.D., 113 Carroll St NW, Wash., DC. 12/6/52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: Dec 8, 1952 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cemetery — LOCATION (City, town, or county): Bladensburg Rd PrGeo Co Md (State)

DATE REC'D BY LOCAL REG.: Dec 6-1952 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR? Gibbs Dalton — ADDRESS: 254 Carroll St NW Takoma Park 12, DC.

DEC
RENO V. A

F. D. Item #4
11/9/53 mnb

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1515 Highland Dive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring md.
STREET ADDRESS (If rural, give location) 1515 Highland Dive

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) EDWARD (Last) HUMPHREYS.

4. DATE OF DEATH (Month) Dec (Day) 29 (Year) 1952

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb 9, 1883. | 9. AGE last birthday 69 yrs. | If under 1 year Months / Days | If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President Jacobs Transfer Co
10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (State or foreign country) Belfast, Ireland
12. CITIZEN OF WHAT COUNTRY? U.S. A.

13. FATHER'S NAME John Humphreys
14. MOTHER'S MAIDEN NAME Sarah Rutledge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Sarah Rebecca Humphreys. Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15/X Immediate cause (a) Carcinoma Stomach — Interval Between Onset and Death: 9 Mo approx

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Carcinoma Stomach Silver Spg Md.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1952, to Dec 29, 1952, that I last saw the deceased alive on 12-29, 1952, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

SIGNATURE Joseph K. Jordan MD (Degree or title) ADDRESS 5414 Colo. Ave NW DATE SIGNED 12-29-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF Jan. 2. 1953
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Montgomery Co Md.

DATE REC'D BY LOCAL REG. 12-30-52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR ADDRESS Martin W. Hysong Co. 1300 N. St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 3 days - 14 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2323 Kirktown Rd - N.W.

3. NAME OF DECEASED: (Type or Print) (First) Esther (Middle) — (Last) Hussvitz

4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1952.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Caucasian	Widowed	3-20-1880.	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Poland	

13. FATHER'S NAME: Israel Answell

14. MOTHER'S MAIDEN NAME: Sarah Wolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.2 Immediate cause	(a) Agonal terminal myocarditis.	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Senile.	several years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Dec 19 49, to Dec 29, 19 52, that I last saw the deceased alive on Dec 27, 19 52, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Harry Altman AB, MD FACP 1016-16 St N.W. Wash. D.C. Dec 28 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	12-29-52	See HEBREW Cemetery	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 28 1952	John M Dodd	Montgomery Funeral Home	4217 [illegible], Wash. D.C.

VS. A 5-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
   COUNTY: MONTGOMERY — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA (RURAL)
   LENGTH OF STAY (in this place): 1 day
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: MARYLAND — COUNTY: MONTGOMERY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA
   STREET ADDRESS (If rural give location): U. S. NAVAL HOSPITAL

3. NAME OF DECEASED: (First) Robert (Middle) Barratt (Last) ILER
   (Type or Print) Baby Boy

4. DATE OF DEATH: (Month) December (Day) 10, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9 December 1952

9. AGE last birthday: ✓ yrs. — IF UNDER 1 YEAR: Months — Days 1 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): - - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - -

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: VICTOR ILER

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) - - - - -

16. SOCIAL SECURITY No.: - - - - -

17. INFORMANT & ADDRESS: 4110 Decater Street, Father: Victor ILER Kensington, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Immature — DUE TO

(c)

Interval Between Onset And Death: 24 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Dec 19 52 to 10 Dec, 19 52 that I last saw the deceased alive on 10 Dec., 19 52, and that death occurred at 1945, from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul G. Hoffman M.D. — ADDRESS: NNMC Bethesda Md — DATE SIGNED: 15 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify): CREMATION — DATE THEREOF: 12-12-52 — NAME OF CEMETERY OR CREMATORY: NAVAL MEDICAL SCHOOL NNMC — LOCATION (City, town, or county) (State): BETHESDA MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 12-12-52 — REGISTRAR'S SIGNATURE: Estelle Witherington

24. FUNERAL DIRECTOR — ADDRESS: NAVAL MEDICAL SCHOOL, NATIONAL NAVAL MEDICAL CENTER BETHESDA, MARYLAND

VS. A15

20V23232 80

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 (8-54)

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Forestville
MARYLAND
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) A. (Last) Jackson

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Sept. 25, 1890

9. AGE last birthday: 62 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): was never employed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Jackson

14. MOTHER'S MAIDEN NAME: Charlotte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Herman Jackson - Forestville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DUE TO: Hypostatic pneumonia — 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO: cachexia
(c) Abdominal carcinomatosis — 1 year

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. cerebral palsy. — since birth

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19 49 to 31 Dec 19 52, that I last saw the deceased alive on Dec 31, 19 52, and that death occurred at 11.55 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John J. Fawcett M.D. Boyds Md. Jan 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 1/4/53

NAME OF CEMETERY OR CREMATORY Forestville

LOCATION (City, town, or county) Forestville, Md (State)

DATE REC'D BY LOCAL REG. 1/3/53

REGISTRAR'S SIGNATURE Charles W. Elgin

24. FUNERAL DIRECTOR Robert L. Snowden

ADDRESS Rockville Md

RECEIVED
JAN 6
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. GIVE STREET ADDRESS. Supply every item of information carefully. The

PLEASE WRITE PLAINLY, WITH UNFADING INK. Sup... is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Vilda (Middle) Ellen (Last) Jackson

4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 10, 1872

9. AGE last birthday: 80 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Barnesville, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerry Jackson

14. MOTHER'S MAIDEN NAME: Carolina Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Herman Jackson Nephew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebro-Vascular Accident	6 hours
33X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	10 years about
	(c) Generalized Arteriosclerosis	10 years about

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September, 1952, to December, 1952, that I last saw the deceased alive on 10 Dec, 1952, and that death occurred at 5 A. m.; from the causes and on the date stated above.

SIGNATURE: Gordon W Smith (Degree or title) M.D ADDRESS: Boyds, Md DATE SIGNED: 11 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 12/14/52; NAME OF CEMETERY OR CREMATORY: Poolesville; LOCATION (City, town, or county): Poolesville; (State): Md

DATE REC'D BY LOCAL REG.: 1/12/53; REGISTRAR'S SIGNATURE: Charles H. Elgin

24. FUNERAL DIRECTOR: Robert L. Snowden; ADDRESS: Rockville, Md

JAN 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1014 223

Please write plainly, with unfading ink. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 4 mo. 1 wk
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium - Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1028 Conn. Ave

3. NAME OF DECEASED: (Type or Print) (First) Maud (Middle) Emett (Last) Johns.

4. DATE OF DEATH: (Month) (Day) (Year) 12 - 6 - 1952

5. SEX: F

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-7-90

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Co. office

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Johns

14. MOTHER'S MAIDEN NAME: Margaret Dimitree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: Nursing chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

153 X

Immediate cause (a) Carcinoma of Liver and Metastases — Interval between onset and death: 9 mos.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Carcinoma of Colon — Interval between onset and death: 1-2 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

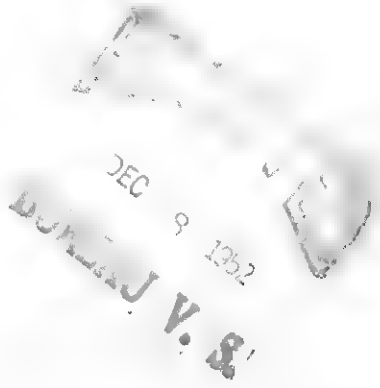
22. I hereby certify that I attended the deceased from 7/39, 1952, to 12/6, 1952, that I last saw the deceased alive on 12/6, 1952, and that death occurred at 9:40 a.m., from the causes and on the date stated above.

SIGNATURE Robert A Hare, MD (DEGREE OR TITLE) ADDRESS Takoma Park Md DATE SIGNED 12/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/9/52 — NAME OF CEMETERY OR CREMATORY Ft Lincoln — LOCATION (City, town, or county) Prince George Co (State) Md

DATE REC'D BY LOCAL REG. Dec 6-1952 — REGISTRAR'S SIGNATURE J. William Doty

24. FUNERAL DIRECTOR S. E. Jones Co — ADDRESS Wash. D.C.


DEC 9 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 14 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10204 Greenock Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) Dec (Day) 1 (Year) 1952

5. SEX [illegible]

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH [illegible]

9. AGE last birthday 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GAS Maker

10b. KIND OF BUSINESS OR INDUSTRY [illegible] GAS LIGHT Co

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Columbus S. Johnson

14. MOTHER'S MAIDEN NAME Margaret Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Mr Morris E Johnson - Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Arteriosclerosis — Not Diagnosed — 10 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

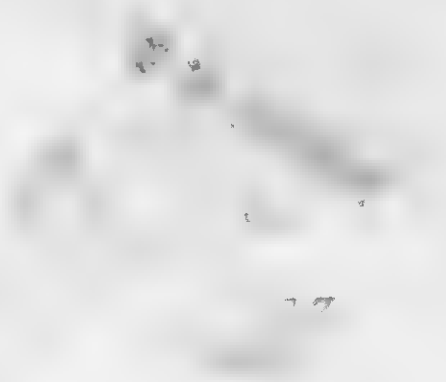
22. I hereby certify that I attended the deceased from Nov 27, 1952, to Dec 1, 1952, that I last saw the deceased alive on Dec 1, 1952, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED Dec 1 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Dec. 4, 1952 — NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery — LOCATION (City, town, or county) Bryantown, Charles Co. — (State) Md

DATE REC'D BY LOCAL REG. Dec 2, 1952 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR J. Arthur Walters — ADDRESS 254 Carroll Ave Takoma Park, D.C.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14716

1 Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 15 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10150 Sutherland rd.

3. NAME OF DECEASED: (Type or Print) (First) Nevin (Middle) (Last) Joyner

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Nov 5, 1868

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY: Epis. church

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joyner

14. MOTHER'S MAIDEN NAME: Nevill

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: –

17. INFORMANT & ADDRESS: (Son) Nevill McCaa Joyner 4707 W Street N.E.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Paralytic Ileus — 24 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cirrhosis of Liver — 1 yr.

DUE TO (c) Arteriosclerotic Heart Disease

ICD 571.0

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19 52, to Dec 5, 19 52, that I last saw the deceased alive on Dec 4, 19 52, and that death occurred at 9:15 AM, from the causes and on the date stated above.

SIGNATURE Denge Sharpe (Degree or title) M.D. ADDRESS 10644 Connecticut Ave. Kensington Md. DATE SIGNED Dec 5, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial - Submit — DATE THEREOF 12-9-52 — NAME OF CEMETERY OR CREMATORY Sewanee + Zion — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 12/6/52 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The S. N. Hill & Co. — ADDRESS 2901-14th St. Wash. D. C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Colesville Route 1 — LENGTH OF STAY (in this place) 50 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Colesville Route 1 — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) Charles (Last) STEWART Stewart

4. DATE OF DEATH (Month) Dec (Day) 24 (Year) 1952

5. SEX: Male — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH: Oct 1 1868 — 9. AGE last birthday: 84 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor — 10b. KIND OF BUSINESS OR INDUSTRY: Own work — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Reuben Kilheart — 14. MOTHER'S MAIDEN NAME: Emily Hebb Waldeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Harry Appleby Funeral Director

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — 10 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) & Myocardial insufficiency and terminal Cardiac — (c) decompensation — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy — 5 years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ., 19 , to Dec 23 ., 1952, that I last saw the deceased alive on Dec 23 ., 1952, and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. McClendon Boyd M.D. — ADDRESS Jamesville, Maryland — DATE SIGNED 12/24/52

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE THEREOF Dec 26 1952 — NAME OF CEMETERY OR CREMATORY Jamesville M E — LOCATION (City, town, or county) Montgomery Co — (State) Md

DATE REC'D BY LOCAL REG. Dec 26 1952 — REGISTRAR'S SIGNATURE Della N. Burdette — 24. FUNERAL DIRECTOR Roy W Bailey — ADDRESS Gaithersburg Md

DEC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Burtonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Burtonsville
STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED: (First) Lillian (Middle) Rose (Last) Lake (Type or Print)

4. DATE OF DEATH: (Month) Dec (Day) 23 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 12, 1901

9. AGE last birthday: 51 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Landover Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George W. Francis

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: –

17. INFORMANT & ADDRESS: Thomas A Lake Husband Burtonsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
429.0 Immediate cause	(a) Acute Cardiac Dilatation	4 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Chr. Endocarditis, Cardiac	1 yr.
	(c) DUE TO Hypertrophy – Nephritis	1 yr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4/52 to 12/23/52 that I last saw the deceased alive on 12/23/52 and that death occurred at 9:10 a.m., from the causes and on the date stated above.

SIGNATURE: B. P. Warren (DEGREE OR TITLE) MD ADDRESS: Laurel Md DATE SIGNED: 12/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-27-52 — NAME OF CEMETERY OR CREMATORY: George Wash. — LOCATION (City, town, or county) (State): Hyattsville Md

DATE REC'D BY LOCAL REG.: 12/24/52 — REGISTRAR'S SIGNATURE: Frances Cotter

24. FUNERAL DIRECTOR — ADDRESS: Deal Funeral Home 4812 Da Cene Wash D.C.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

14719

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairway Hills — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6210 Dunrobbin Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairway Hills
STREET ADDRESS (If rural, give location) 6210 Dunrobbin Drive

3. NAME OF DECEASED (Type or Print): (First) DONALD (Middle) MORTIMER (Last) LAMPTON

4. DATE OF DEATH (Month) (Day) (Year): Dec. 2, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Mar 7, 1907

9. AGE last birthday: 45 yrs. — If under 1 year: Months 8, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paint Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William M. Lampton

14. MOTHER'S MAIDEN NAME: Eudora Gates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Yes-Unknown

17. INFORMANT AND ADDRESS: Doris E. Lampton- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden death

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank A. Bronhart M.D. — ADDRESS Smithsburg Md — DATE SIGNED 12-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 5, 1952 — NAME OF CEMETERY OR CREMATORY: Rockville Union — LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REG. 12/3/52 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

VS-A15A

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DEC 5 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A[illegible]

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5703 Northfield Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 5703 Northfield Road

3. NAME OF DECEASED (Type or Print): (First) Deborah (Middle) Anne (Last) LASH

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 8/31/1941

9. AGE last birthday: 11 yrs. If under 1 year: Months 3 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Student

11. BIRTHPLACE (State or foreign country): Boston, Massachusetts

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick A. Lash

14. MOTHER'S MAIDEN NAME: Estelle Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Frederick A. Lash-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) (3) Cerebral palsy	11 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (2) [illegible] acute gastro-enteritis	days
	(c) (1) Bronchopneumonia	days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7, 1952, to 12-8, 1952, that I last saw the deceased alive on 12-7, 1952, and that death occurred at 12 01 m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title)

ADDRESS: 4105 Wisconsin Ave, Wash. D.C.

DATE SIGNED: 12/8/1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/10/52

NAME OF CEMETERY OR CREMATORY: Rock Creek

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 12/9/52

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Robert H. Humphrey

ADDRESS: Bethesda, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

14721

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY MONTGOMERY — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA
   LENGTH OF STAY (in this place): 2 YEARS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5006 HAMPDEN LANE

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE MARYLAND — COUNTY MONTGOMERY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA
   STREET ADDRESS (If rural give location): 5006 HAMPDEN LANE

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) M. (Last) LEHMANN

4. DATE OF DEATH: (Month) 12 (Day) 3 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 2-22-68

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED GENERAL PAINTER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANTON LEHMANN

14. MOTHER'S MAIDEN NAME: BARBORA RUPPERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: MARGARET M. LEHMANN - 5006 HAMPDEN LANE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 2 HRS.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ,1952, to Dec. 3 , 1952, that I last saw the deceased alive on Nov. 26, 1952, and that death occurred at 6 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): William N. Gabel M.D. — ADDRESS: 8016 Old Georgetown Rd Bethesda Md — DATE SIGNED: Dec 3, 1952.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 12-5-52 — NAME OF CEMETERY OR CREMATORY: MT OLIVET — LOCATION (City, town, or county) (State): WASHINGTON D.C.

DATE REC'D BY LOCAL REGISTRAR: 12/3/52 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Francis Koellin — ADDRESS: 3821-14th St NW Wash. D.C.

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16046

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9 Kentbury Way

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 9 Kentbury Way

3. NAME OF DECEASED (Type or Print): (First) NICHOLAS (Middle) C. (Last) Lucken
4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 19 5[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	4-20-1874 [illegible]	78 [illegible] yrs.		18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Furniture
10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ? Lucken
14. MOTHER'S MAIDEN NAME: ? Lavori

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs H.R.Carmichael -Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension. Arteriosclerosis — 15 yrs. ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Dec. 8, 1952, that I last saw the deceased alive on Dec. 5, 1952, and that death occurred at 8:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Philip H. Varner, M.D. 7202 Commerce, Chevy Chase, Md. 12/8/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	12-9-52	Evergreen	Campbell Co., Kentucky

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/9/52	[illegible]	Robert A. Umphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 18 Film G150 1-8-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14822

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY: MONTGOMERY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA (RURAL)
LENGTH OF STAY (in this place): 16 D.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: ~~MARYLAND~~ PENNA. — COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~BETHESDA~~ (RURAL) MECHANICSBURG
STREET ADDRESS (If rural give location): RURAL

3. NAME OF DECEASED: (Type or Print) (First) PATRICIA (Middle) ANN (Last) LUEBBE

4. DATE OF DEATH: (Month) December (Day) 10, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: November 24, 1952

9. AGE last birthday: ✓ yrs.
IF UNDER 1 YEAR: Months — Days 16
IF UNDER 24 HRS.: Hours — Mm.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - - -

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HARRY R. LUEBBE

14. MOTHER'S MAIDEN NAME: JOYCE CARROLL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: - - - - -

17. INFORMANT & ADDRESS: Father: HARRY R. LUEBBE 403 E. Coover St., Mechanicsburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: meningitis (culture of spinal fluid - 3 type streptococcus, coagulase negative, fibrinolyin positive)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

Interval Between Onset And Death: 5 hrs.

340.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Dec., 1952, to 10 Dec., 1952, that I last saw the deceased alive on 10 Dec., 1952, and that death occurred at 11:50 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Carl J. Hoffman LT MC USN U.S. NAVAL HOSPITAL, BETHESDA, MD. 12-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
DATE THEREOF: Dec. 11, 1952
NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL
LOCATION (City, town, or county) (State): BALTIMORE MARYLAND

DATE REC'D BY LOCAL REGISTRAR: Dec. 11, 1952
REGISTRAR'S SIGNATURE: Ruth Whittington

24. FUNERAL DIRECTOR: HARRY H. WITZKE — ADDRESS: 4101 Edmundson Ave., Baltimore, Maryland

20X2272343

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

LOCAL REGISTRATION

RECEIVED

DEC 15 195

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11723

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington | LENGTH OF STAY (in this place): 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kensington Gardens Nursing Home 3000 McComas St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 4707 Connecticut Ave N.W.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Francis (Last) MacKay

4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 7 1885

9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY: Nursing Institute Hotel

11. BIRTHPLACE (State or foreign country): Jersey City N.J.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael MacKay

14. MOTHER'S MAIDEN NAME: Ellen Sheahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Nursing Home Records 3000 McComas St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thrombosis Cerebral — Interval between onset and death: 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hemiplegia - Rt. — 6 mos.
(c) Bronchopneumonia - Bilat. Lobular — 2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30/52, 19..... to 12/16/52, 19....., that I last saw the deceased alive on 12/15/52, 19....., and that death occurred at 9:40 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): MD ADDRESS: Kensington, Md. DATE SIGNED: 12/16/52

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF: 12/19/52 | NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery | LOCATION (City, town, or county) (State): Washington, DC

DATE REC'D BY LOCAL REG.: 12/16/52 | REGISTRAR'S SIGNATURE: Francis Tatten

24. FUNERAL DIRECTOR: The D.H. Hines Co. | ADDRESS: 2901-14th St. N.W. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

14724

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (In this place) 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 312 Grosvenor Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 312 Grosvenor Lane

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Francis (Last) MAGRUM

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/15/1878

9. AGE last birthday: 74 yrs. — If under 1 year: Months 9 Days 10 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Weather Forecaster

10b. KIND OF BUSINESS OR INDUSTRY: Govt.

11. BIRTHPLACE (State or foreign country): Agersville, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael G. Magrum

14. MOTHER'S MAIDEN NAME: Frances Bruner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Nina E. Magrum - Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 1st 2nd & 3rd degree burns involving whole body

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ___ (c) ___

INTERVAL BETWEEN ONSET AND DEATH: Found dead in burning bed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Bethesda — (COUNTY): Montg — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 25-52 2:50 A m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Home burned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Fred J. Brochard M.D. — (Degree or title) — ADDRESS: Gaithersburg Md — DATE SIGNED: 12-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/29/1952 — NAME OF CEMETERY OR CREMATORY: Nat. Memorial Park — LOCATION (City, town, or county) (State): Falls Church Virginia

DATE REC'D BY LOCAL REG.: 12/27/52 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 24. FUNERAL DIRECTOR: Roberts A. Pumphrey — ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

14725

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 809 Taylor Street, N.E.

3. NAME OF DECEASED: (First) Basil (Middle) Foster (Last) MC ALLISTER
4. DATE OF DEATH: (Month) December (Day) 1, (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 18, 1896
9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months 09, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Policeman
10b. KIND OF BUSINESS OR INDUSTRY: D. C.
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Carl C. MC ALLISTER
14. MOTHER'S MAIDEN NAME: Nellie MONTGOMERY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): YES
(If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: - - - - -
17. INFORMANT & ADDRESS: Wife: Sarah E. MC ALLISTER,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma, left kidney, with metastases — Interval Between Onset And Death: 3 yr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) same as item # 2
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1951
19b. MAJOR FINDINGS OF OPERATION: As above.
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19.., 19 52..., to Dec. 1 .., 19 52..., that I last saw the deceased alive on Dec. 1 19 52, and that death occurred at 5:30 AM .., from the causes and on the date stated above.

SIGNATURE (Degree or title): R. L. SATTERLEE, LT, MC, USNR
ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD.
DATE SIGNED: December 1, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 3, 1952
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec. 1, 1952
REGISTRAR'S SIGNATURE: Edith Tuttle
24. FUNERAL DIRECTOR: S. H. Hines, 2901 14th Street, NW, Washington, D. C.
ADDRESS

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11726

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown, RFD; MARYLAND; LENGTH OF STAY (In this place) 69 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monta; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown, RFD; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Virginia (Last) McDonough

4. DATE OF DEATH: (Month) Dec (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March-14-1885

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George Daymude

14. MOTHER'S MAIDEN NAME: Ellen Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: James E McDonough Germantown-Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Carcinoma of right breast, right axilla,

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) or right lung, parietal & parietal bones and

(c) other bone areas of metastases — INTERVAL BETWEEN ONSET AND DEATH: about 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April-25-, 1952, to Dec-17-, 1952; that I last saw the deceased alive on Dec-16-, 1952; and that death occurred at 4 19/7 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William E. Miller, M.D. ADDRESS: 7-Brooke Ave., Gaithersburg DATE SIGNED: Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec 19-1952

NAME OF CEMETERY OR CREMATORY: Presbyterian

LOCATION (City, town, or county) (State): Barnestown, Md

DATE REC'D BY LOCAL REG. Dec 19-1952

REGISTRAR'S SIGNATURE: Charles W. Elgin

24. FUNERAL DIRECTOR: William B. Hilton ADDRESS: Barnesville, Md

MARYLAND STATE DEPARTMENT OF HEALTH 11727

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1SA

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove; MARYLAND; LENGTH OF STAY (in this place) 15 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Wesley (Last) McGahan

4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 12-31-1877

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Street car conductor.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesley McGahan

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Catherine Cator - Wash. Grove, Md (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Ernest J. Bouchat M.D. ADDRESS Gaithersburg Md DATE SIGNED 12-31-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 1-3-53; NAME OF CEMETERY OR CREMATORY Potomac Church Cemetery; LOCATION (City, town, or county) Potomac (State) Md.

DATE REC'D BY LOCAL REG. Jan 2, 1953; REGISTRAR'S SIGNATURE Almeda L. Cooke

24. FUNERAL DIRECTOR Ernest C. Gaither ADDRESS Gaithersburg Md.

MARYLAND STATE DEPARTMENT OF HEALTH

11728

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. 15-1

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodacres; LENGTH OF STAY (in this place) 10 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6011 Osceola Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodacres; STREET ADDRESS (If rural, give location) 6011 Osceola Road

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) KEANI (Last) McLAUGHLIN

4. DATE OF DEATH: (Month) Dec (Day) 16, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9/24/1876

9. AGE last birthday: 76 yrs. If under 1 year: Months 2, Days 22; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas T. Keane

14. MOTHER'S MAIDEN NAME: Ellen K. Donovan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Wm. C. Robberts-Same as Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Acute Coronary Insufficiency.	?
420 0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerotic Heart Disease and	5 yrs
	(c)	Chronic Bronchitis	20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 1937, to Dec. 16, 1952, that I last saw the deceased alive on Dec. 13, 1952, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Medical Examiner ADDRESS: 1150 Conn. Ave. N.W. Wash. D.C. DATE SIGNED: 12-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 12/18/1952; NAME OF CEMETERY OR CREMATORY: Mt. Olivet; LOCATION (City, town, or county): Washington (State): D.C.

DATE REC'D BY LOCAL REG.: 12/20/52; REGISTRAR'S SIGNATURE: Bessie A. Thompson

24. FUNERAL DIRECTOR: Robert A. Humphreys ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11729

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) ..ontgomery (Last) Miles

4. DATE OF DEATH: (Month) .12 (Day) 17 (Year) 19 52

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ..arried | 8. DATE OF BIRTH: Sept 12-1879 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months 3, Days 5 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mark..ing Surv..or | 10b. KIND OF BUSINESS OR INDUSTRY: ..ral. | 11. BIRTHPLACE (State or foreign country): Clarksbur.. ..l, | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Howard ..Miles | 14. MOTHER'S MAIDEN NAME: Catherine Kisler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) ..o | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Estella Mae Miles, Clarksburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17/K

Immediate cause (a) Carcinoma of the Prostate Gland with generalized metastases. — Interval between onset and death: 5 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1947 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the prostate | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1935, 19..., to Dec. 17, 19 52, that I last saw the deceased alive on Dec. 17, 1952 and that death occurred at 5:20 P.m., from the causes and on the date stated above.

SIGNATURE: M. McKendree Boyer, M. D. (Degree or title) | ADDRESS: Druid Theatre Building, Damascus, Md. | DATE SIGNED: Dec. 18

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 12-2.. | NAME OF CEMETERY OR CREMATORY: Monacacy C.. ..ery | LOCATION (City, town, or county) (State): ..ederick..ille, Md.

DATE REC'D BY LOCAL REG. Dec 18, 1952 | REGISTRAR'S SIGNATURE: Ruth L. Carle | 24. FUNERAL DIRECTOR: ..lbert L. ..arner, ..ic..en..ur.. | ADDRESS

Dec 20 Gertrude B Fawley

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14730

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA (RURAL)
LENGTH OF STAY (in this place): 2 Mos 17 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND
COUNTY: [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): SEAT PLEASANT
STREET ADDRESS (If rural give location): 604 Addison Road

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Allen (Last) MILLER

4. DATE OF DEATH: (Month) December (Day) 30, (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 2-19-96

9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): CAB DRIVER

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - - -

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John H. MILLER

14. MOTHER'S MAIDEN NAME: Gladys RAMEY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNKNOWN
(If Yes, give war or dates of service) UNKNOWN

16. SOCIAL SECURITY No.: UNKNOWN

17. INFORMANT & ADDRESS: Wife: Naomi MILLER - Same as 2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of liver with gastro-intest. Hem. — Interval Between Onset And Death: 1 yr +

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of stomach — 2 mos +

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-13 ,19 52 , to 12-30- , 19 52 , that I last saw the deceased alive on 12-30 , 19 52 , and that death occurred at 10:10 AM , from the causes and on the date stated above.

SIGNATURE: J. N. Eyer (Degree or title) CDR MC USN ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED: 1-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 12-31-52
NAME OF CEMETERY OR CREMATORY: FORT LINCOLN
LOCATION (City, town, or county) (State): Bladensburg, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1-2-52
REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: Deal Funeral Home - 4812 Georgia Ave., Washington, D. C.

VS. 415 (1)

Filed 6150, Item #7
1/9/53 r nl

MARYLAND STATE DEPARTMENT OF HEALTH

14731

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. AI

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fayette St. & Rt.# 240

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville; STREET ADDRESS (If rural, give location): 534 Beall Ave.

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) G. (Last) MILLS

4. DATE OF DEATH (Month) (Day) (Year): December 23, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-5-1896

9. AGE last birthday: 56 yrs. If under 1 year: Months 11, Days 18, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter- Self Employed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: Thomas Mills

14. MOTHER'S MAIDEN NAME: Susan Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mrs E.P.Welsh- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

322.0 Immediate cause (a) Acute Alcoholism & Exposure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J Broccard M.D. Gaithersburg Md 12-24-52

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial-~~XXXXXX~~ 12-30-52 | Arlington National | Arlington, Virginia

DATE REC'D BY LOCAL REG. 12-29-52 | REGISTRAR'S SIGNATURE Helen S Eckenfelder | 24. FUNERAL DIRECTOR Robert C. Crumpler | ADDRESS Bethesda, Md.

cnc

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

14732

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: MONTGOMERY — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA (RURAL)
   LENGTH OF STAY (in this place): 2 Mo. 26 D.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: PENNSYLVANIA — COUNTY: WESTMORELAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): GREENSBURG
   STREET ADDRESS (If rural give location): 530 BRANDON STREET

3. NAME OF DECEASED: (First) Marguerite (Middle) Sara (Last) MISKILL

4. DATE OF DEATH: (Month) December (Day) 5, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: SEPTEMBER 28, 1891

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George N. KEEPERS

14. MOTHER'S MAIDEN NAME: Elizabeth MARKLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): UNKNOWN (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT & ADDRESS: Son: William D. MISKILL, 530 Brandon St., Greensburg, Pennsylvania

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: CARCINOMA WITH EXTENSIVE METASTASES — Interval Between Onset And Death: 20 MONTHS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: CARCINOMA OF OVARY
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: JANUARY 1951

19b. MAJOR FINDINGS OF OPERATION: CARCINOMA OF OVARY

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9, 1952, to 12-5, 1952, that I last saw the deceased alive on 12-5, 1952, and that death occurred at 0455, from the causes and on the date stated above.

SIGNATURE (Degree or title): David R. Dye, Ptjs MC USNR 482402
ADDRESS: US NAVAL HOSPITAL BETHESDA, MARYLAND
DATE SIGNED: 12-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
DATE THEREOF: Dec. 5, 1952
NAME OF CEMETERY OR CREMATORY: SAINT CLAIR
LOCATION (City, town, or county) (State): GREENSBURG, PENNSYLVANIA

DATE REC'D BY LOCAL REGISTRAR: Dec. 5, 1952
REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR: R. A. PUMPHREY
ADDRESS: 7557 Wisconsin Avenue, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14733

Reg. Dist. No. 216

Wt. 1 lb. 10oz

26 & 2 8 week

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA
LENGTH OF STAY (in this place): 12 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural, give location): 4017- Decatur St. Kensington

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) — (Last) MONTEE

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 12/31/52

9. AGE last birthday: yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours 12 Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HOBART MANSFIELD MONTEE

14. MOTHER'S MAIDEN NAME: Katharine Marie Dunnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Hobart Montee Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) IMMATURITY

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/21, 1952, to 12/31, 1952, that I last saw the deceased alive on 12/31, 1952, and that death occurred at 6 45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John E. Cassidy M.D. 5402 Conn Ave. 12/31/52

33. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 1/3/53 — NAME OF CEMETERY OR CREMATORY mt. Olivet — LOCATION (City, town, or county) Frederick (State) Md

DATE REC'D BY LOCAL REG. 1/5/53 — REGISTRAR'S SIGNATURE —

24. FUNERAL DIRECTOR Hart Ethison ADDRESS Frederick Md

216 22444-7

RECEIVED
JAN 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 14734

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgi — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 12 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shannon Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma
STREET ADDRESS (If rural give location) 6916 Newhampshire Ave

3. NAME OF DECEASED: (Type or Print) (First) None (Middle) (Last) Moyer

4. DATE OF DEATH: (Month) Dec (Day) 18 (Year) 1952

5. SEX: F

6. COLOR OR RACE: White

7. (SINGLE), MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 3, 1866

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Dentist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country).

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Moses Moyer

14. MOTHER'S MAIDEN NAME: Susan McGill

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4424

Immediate cause (a) Congestive Heart failure — Interval Between Onset And Death: 1 wk

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic Myocarditis — 5 yrs

DUE TO

(c) Hypertension — 5 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

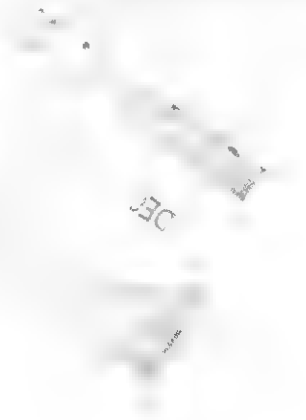
22. I hereby certify that I attended the deceased from Jan ..., 19 52, to Dec ..., 19 52, that I last saw the deceased alive on 12/15/52, 19 52, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE L. B. Bonyard (Degree or title) M.D. ADDRESS Sandy Spring Md. DATE SIGNED 12/18/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 12-18-52 — REGISTRAR'S SIGNATURE Gertrude B Jamison

24. FUNERAL DIRECTOR The S. N. Hines Co — ADDRESS 2901-14th St NW


DEC

MARYLAND STATE DEPARTMENT OF HEALTH 11735

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (In this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Bonifant Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring (rural); STREET ADDRESS (If rural, give location) Bonifant Rd

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Clay (Last) Mullican

4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: unknown

9. AGE last birthday: 70 ?? yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer on farms

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Layhill, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry C. Mullican

14. MOTHER'S MAIDEN NAME: Alice Gates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 216-22-1316A

17. INFORMANT AND ADDRESS: Mr. Walter Mullican, Route 1, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: found dead at home.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Brockett M.D. Gaithersburg md 11-3-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 12/6/52; NAME OF CEMETERY OR CREMATORY Oak Chapel Methodist Cemetery; LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REG. Dec 8, 1952; REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner & Dunphy; ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

DEC 10
U.S.A.D. V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11736

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (Rural); LENGTH OF STAY (In this place): 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Missouri; COUNTY: Dunklin; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Senath (Rural); STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Don (Last) NEELY

4. DATE OF DEATH: (Month) December (Day) 5 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-20-30

9. AGE last birthday: 22 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer, USMC

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Marine Corps

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Robert Dewey NEELY

14. MOTHER'S MAIDEN NAME: Annie Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): Mar. 23, 1950

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT AND ADDRESS: Father: Robert D. NEELY, same as 2, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

816.4

Immediate cause (a) Multiple fractures & injuries extreme — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shock - Thoracic & abdominal hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF INJURY other bldg. etc.): Highway US #1

(CITY OR TOWN) (COUNTY) (STATE): 1 mi. N. of Boswells Corner on Pr.Wm. and Stafford Co. line Virginia

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 1, 1952 3:45 A.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?: Head-on auto collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Broussard M.D. Gaithersburg Md 12-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: Dec 6, 1952

NAME OF CEMETERY OR CREMATORY: Senath

LOCATION (City, town, or county) (State): Senath Missouri

DATE REC'D BY LOCAL REG.: Dec 6, 1952

REGISTRAR'S SIGNATURE: Earl Whittington

24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Maryland

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11737

Reg. Dist. No. 215

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Alta Vista Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): Lincoln Street

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) A (Last) Notton

4. DATE OF DEATH: (Month) Dec (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/27/1903

9. AGE last birthday: 49 yrs. If under 1 year: Months 1 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Investigator

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Govt.

11. BIRTHPLACE (State or foreign country): New York, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick L. Notton

14. MOTHER'S MAIDEN NAME: Leonora Hashagen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-26-4277

17. INFORMANT AND ADDRESS: Leonora Dean - Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of bowel with

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastasis to lungs

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) ____ (b) ____ year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8, 1952 to Dec 17, 1952 that I last saw the deceased alive on Dec 17, 1952 and that death occurred at 12:35 P m., from the causes and on the date stated above.

SIGNATURE: Wm F. Jones M.D. (Degree or title) ADDRESS: 9104 Kensington Pkwy Kensington, Md. DATE SIGNED: Dec 17 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/20/1952

NAME OF CEMETERY OR CREMATORY: Rock Creek

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 12/20/52

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert A. Humphreys ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 14738

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—5-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park
LENGTH OF STAY (in this place) appx. 31 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 Hancock Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7300 Hancock Avenue

3. NAME OF DECEASED: (Type or Print) (First) Maria (Middle) S. (Last) Nurmi

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: —

9. AGE last birthday: Approx 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Pt. Home

11. BIRTHPLACE (State or foreign country): Finland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: — Dahll

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: J. J. Stanley, 6638 Eastern Avenue NW D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) arteriosclerosis followed by — Interval between Onset and Death: 10 yrs
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Coronary Thrombosis — 1 hour
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arthritis Deformans, Parkinsons Disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 1952, to Dec. 15, 1952, that I last saw the deceased alive on Dec. 13, 1952, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE L. Shilly MD (DEGREE OR TITLE) ADDRESS 6911 5th St. NW Wash. (2) DATE SIGNED DEC 15 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Dec. 18, 1952

NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

LOCATION (City, town, or county) Pr. Geo. County, (State) Maryland

DATE REC'D BY LOCAL REG. Dec. 15-1952

REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW Takoma Park, D.C. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

14739

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monrovia R.F.D.
STREET ADDRESS (If rural give location) Nr. Damascus

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Venie (Last) Oden
4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Oct 22 1874
9. AGE Last birthday: 78 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Thompson
14. MOTHER'S MAIDEN NAME: Frances Cook

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: John E. Tabler (son) Monrovia, Rt. 1. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153+ Immediate cause (a) Intestinal Obstruction — Interval Between Onset And Death: 6 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma of Cecum — 6 mos +
DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/25, 1952 to 12/27, 1952 that I last saw the deceased alive on 12/27, 1952, and that death occurred at 12:45 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 12/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 30-52 — NAME OF CEMETERY OR CREMATORY Hyattstown Methodist — LOCATION (City, town, or county) Hyattstown (State) Md.
DATE REC'D BY LOCAL REGISTRAR Dec 30-52 — REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

from Della W Burdette Damascus Md

RECEIVED
JAN 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14740

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10013 Renfrew Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Lindert	ORR	December	31	1952

5. SEX	6. COLOR OR RACE	7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	3/10/76	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Austria-Hungary
12. CITIZEN OF WHAT COUNTRY? Same

13. FATHER'S NAME: John Lindert
14. MOTHER'S MAIDEN NAME: Maria Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT: Ernest R ORR (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Congestive Heart Failure	4 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Auricular Fibrillation, chronic	4 yrs
(c)	Hypertensive Heart Disease	16 yrs

443

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	—			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept, 1949, to 31 Dec, 1952, that I last saw the deceased alive on 27 Dec, 1952, and that death occurred at 4:30P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Morton L White	M.D.	9715 Georgia Ave Silver Spring	31 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Shipment	Jan. 2, 1953	Belmont Cemetery	Youngstown, Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 5 53	Frances Potter	Norman C. Pumphrey	Silver Spring, Md.

RECEIVED
JAN 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

14741

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA (RURAL)
LENGTH OF STAY (In this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE VIRGINIA COUNTY ALEXANDRIA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ALEXANDRIA
STREET ADDRESS (If rural give location) 1216 POWHATAN STREET

3. NAME OF DECEASED: (Type or Print) (First) Allie (Middle) Mary (Last) OSBAKER
4. DATE OF DEATH: (Month) December (Day) 21 (Year) 1952
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 2-14-13
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): WASHINGTON
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Ralph T. BROWN
14. MOTHER'S MAIDEN NAME: Elervia TALAMONT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNKNOWN (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT & ADDRESS: Husband: Lloyd Rudolph OSBAKER - Same as 2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X
Immediate cause (a) DUE TO Carcinoma, generalized — Interval Between Onset And Death: 6 mo
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Carcinoma, breast — 18 mo
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20, 1952, to 12-21-, 1952, that I last saw the deceased alive on 12-21-, 1952, and that death occurred at 9:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) HARVEY E. REITZ CDR MC USN
ADDRESS U.S. Naval Hospital, Bethesda, Md
DATE SIGNED 12-29-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 12-26-52
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington Virginia
DATE REC'D BY LOCAL REGISTRAR 12-29-52
REGISTRAR'S SIGNATURE Black Whittington
24. FUNERAL DIRECTOR IVES FUNERAL HOME
ADDRESS 2647 Wilson Blvd., Arlington, Virginia

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

14742

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda,
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6938 Blaisdell Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 6938 Blaisdell Road

3. NAME OF DECEASED (Type or Print): (First) CYNTHIA (Middle) R. (Last) PALMER

4. DATE OF DEATH: (Month) Dec. (Day) 2, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 23, 1882

9. AGE last birthday: 70 yrs.
If under 1 year: Months 3 Days 9
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Lady

10b. KIND OF BUSINESS OR INDUSTRY: Ret. Clothing

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: George Davis

14. MOTHER'S MAIDEN NAME: Celestia Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 528-12-1987

17. INFORMANT AND ADDRESS: V.E.Roberts-Same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) A Carcinomatosis — Interval between onset and death: 1 mo.

154 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma rectum — 1½ yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 27, 1951
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma rectum
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): No.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 9, 1952 to Nov Dec 2, 1952, that I last saw the deceased alive on Nov 30, 1952, and that death occurred at 5:05 A.m., from the causes and on the date stated above.

SIGNATURE: Glen Runcock M.D. (Degree or title) ADDRESS: 4000-16th St NW Washington DC. DATE SIGNED: 12/2/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial-Transit
DATE THEREOF: 12-4-52
NAME OF CEMETERY OR CREMATORY: City Cemetery
LOCATION (City, town, or county) (State): Lincoln County, Wyoming

DATE REC'D BY LOCAL REG.: 12/3/52
REGISTRAR'S SIGNATURE: Bessie M Thompson
24. FUNERAL DIRECTOR: Robert A Dunphey
ADDRESS: Bethesda, Md.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

15743

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; MARYLAND LENGTH OF STAY (In this place) [illegible]; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland DC; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 627 Morton St., N.W.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) M (Last) Patterson Jr.

4. DATE OF DEATH: (Month) Dec (Day) 9 (Year) 1952

5. SEX: male

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 6-20-'17

9. AGE last birthday: 35 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: construction

11. BIRTHPLACE (State or foreign country): S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Patterson

14. MOTHER'S MAIDEN NAME: Mary Dowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): V

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Edw Patterson 28 Eye St. N.W. Wash. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Comminuted Fracture of Skull

915.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with Cerebral Laceration & Hemorrhage

(c)

INTERVAL BETWEEN ONSET AND DEATH: a few

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY street

(CITY OR TOWN) Garrett Park (COUNTY) monty (STATE) md

TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 4-52 - 5:30 A m.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Pipe explosion

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Bouchart (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 12-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Burial 12/12/52; NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) Greenwood (State) Del.

DATE REC'D BY LOCAL REG. 12/10/52; REGISTRAR'S SIGNATURE: Eddie M. [illegible]

24. FUNERAL DIRECTOR: Malvan & Delay, Inc. ADDRESS: 424 R. St. N.W. Wash. D.C.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11744

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 6410 - Lambert Drive S.E.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ellen (Last) Farrow

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 16, 1886

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife -

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Long Island - N. Y.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: McCafferty

14. MOTHER'S MAIDEN NAME: Katherine Darrough -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Janet L. Baker 6410 Lambert Drive S.E. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cerebral Thrombosis, Progressive	7 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerosis Generalized	yrs
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16, 1952, to 12/10, 1952, that I last saw the deceased alive on 12/4, 1952, and that death occurred at 1:45 A. m., from the causes and on the date stated above.

SIGNATURE: C. W. Sigler MD (Degree or title) ADDRESS: Sandy Spring MD DATE SIGNED: 12/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-13-52 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem | LOCATION (City, town, or county): Suitland (State): Md

DATE REC'D BY LOCAL REG.: 12-10-52 | REGISTRAR'S SIGNATURE: Gertrude B. Fowler

24. FUNERAL DIRECTOR: J. Wm. Leesan Co - Washington D. C. ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1145

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ... of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. Gen'l Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) (Last) Pickett

4. DATE OF DEATH: (Month) December (Day) 20 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: June 19, 1881

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Covington Zepp

14. MOTHER'S MAIDEN NAME: Caroline Wall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute pancreatitis — Interval Between Onset and Death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/17/52

19b. MAJOR FINDINGS OF OPERATION: extensive fat necrosis of omentum; massive peritoneal exudate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 1952, to 12/20, 1952, that I last saw the deceased alive on 12/20, 1952, and that death occurred at 2:51 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. — ADDRESS: Clarksville, Md. — DATE SIGNED: 12/21/52

Charles S. Whitaker, M.D.

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: 12/22/52 — NAME OF CEMETERY OR CREMATORY: Linthicum Chapel — LOCATION (City, town, or county) (State): Clarksville, Maryland

DATE REC'D BY LOCAL REG. 12-20-52 — REGISTRAR'S SIGNATURE: Gertrude Lowler — 24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City, Md. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14746

Reg. Dist. No. 222

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md — LENGTH OF STAY (in this place) 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 4522 Livingston Rd. S.E.

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) — (Last) Poole

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 4-17-93

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): auditing clerk

10b. KIND OF BUSINESS OR INDUSTRY: Govt. printing office

11. BIRTHPLACE (State or foreign country): Chicago - Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles M. Bickford

14. MOTHER'S MAIDEN NAME: Harriett Congdon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 wks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension — 4 years ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1952, to 12-22, 1952, that I last saw the deceased alive on 12-21, 1952, and that death occurred at 7:05 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

J. Llewitt Fox, M.D. Silver Spring, Md. 12-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF 12-22-52

NAME OF CEMETERY OR CREMATORY Lees Crematorium

LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. Dec 22 52

REGISTRAR'S SIGNATURE J. William Dodd

24. FUNERAL DIRECTOR ADDRESS

J. W. Lee Sons, Washington D.C.

RECEIVED
DEC 29
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11747

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) OLNEY

LENGTH OF STAY (in this place) 25 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Montg

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Zion

STREET ADDRESS (If rural give location) Derwood, Rt 1 Melinda Russell Nursing Home

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Powell

4. DATE OF DEATH: (Month) December (Day) 30 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Negro	Widowed	6/20/1870	82 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer	Farm	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Wilson Powell	Abiggil Taylor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: 1 yr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) ~~Uremia~~

DUE TO (c) Benign Prostatic Hypertrophy — 2 yr

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12/17/52	Hypertrophy of Prostate	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..... ., 1950, to 12/30, 1952, that I last saw the deceased alive on 12/29, 1952, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilson MD — ADDRESS Sandy Spring MD — DATE SIGNED 12/30/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 2, 1953	Norbeck MG	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-1-53	Belinda B Fowler	Robert L Shoaler	Rockville Md

VS. A15

RECEIVED
JAN 6 1953
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 14748

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 13 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 9319 Glenville Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Lucy Genevieve (Last) Price
4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1952.
5. SEX: Female
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH: 6-7-75
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Wash. D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Horace Jarboe
14. MOTHER'S MAIDEN NAME: Olivia Marcey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — DUE TO:
(a) (1) Edema pulmonary infarction & cardiac failure
(b) (2) Aortic & mitral Stenosis & insufficiency
(c) (3) myocardial Hypertrophy & fibrosis
(d) (4) arteriosclerosis generalized including coronaries

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

420.1

Interval Between Onset And Death: 13 days / few years / few years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-19.. ,1952, to 12-31, 1952, that I last saw the deceased alive on 12-30, 1952, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Arthur R. Bergman, M.D. 8801 Colesville Rd., Silver Spring, Md. 12-31-52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF Jan 2, 1953
NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory
LOCATION (City, town, or county) (State) Prince Geo. Co., Md.
DATE REC'D BY LOCAL REGISTRAR Jan-7-1953
REGISTRAR'S SIGNATURE J. Hutton Poole
24. FUNERAL DIRECTOR ADDRESS Warner E. Pumphrey, Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14749

Reg. Dist. No. 216

1. PLACE OF DEATH: Bethesda
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place) 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgy
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chev. Chase
STREET ADDRESS (If rural give location) 6 [illegible] Pinehurst Ave

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) B (Last) Reed
4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 5, 1877
9. AGE last birthday: 75 yrs.
IF UNDER 1 YEAR: Months 6 Days 23
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY: B. Tumino Coal
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Agnew Reed
14. MOTHER'S MAIDEN NAME: Mary Blose

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: UNKNOWN
17. INFORMANT & ADDRESS: Penn. Hist. Trust Fund, Harrisburg, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331.4 Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death 24 hrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension + arteriosclerosis — 15 yrs.
DUE TO
(c) Essential hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1946, to Dec. 28, 1952, that I last saw the deceased alive on Dec. 28, 1952, and that death occurred at 10:45 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Philip F. Varner M.D. Chevy Chase, Md. 12/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/31/52
NAME OF CEMETERY OR CREMATORY Nat. Capitol Mem. Park
LOCATION (City, town, or county) Prince George (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 12/31/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md.

VS. A11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 1750

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 3602 Greenly Street

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) Boone (Last) Reynolds

4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 9 Dec. '52 | 9. AGE last birthday: yrs. ✓ | IF UNDER 1 YEAR: Months | Days 2 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Garland Reynolds

14. MOTHER'S MAIDEN NAME: Rachel Yguarta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Suburban Hosp., Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute cardio-Respiratory failure DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity DUE TO

(c)

Interval Between Onset And Death: 12 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Dec, 1952, to 11 Dec, 1952, that I last saw the deceased alive on 11 Dec, 1952, and that death occurred at 12:50 P.M., from the causes and on the date stated above.

SIGNATURE Bellen R. Leap MD (Degree or title) ADDRESS 11502 Grandview Ave., S.S. Md. DATE SIGNED 12/12/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
George Washington Cemetery | Kings Lodge Hyattsville Md

DATE REC'D BY LOCAL REGISTRAR 12/13/52 | REGISTRAR'S SIGNATURE Bessie M. Hoodykoontz | 24. FUNERAL DIRECTOR J. William Walters By Day | ADDRESS 254 Carroll St. N.W. Takoma Park, 12, D.C.

VS. A15

20V2323403

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14751 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington -
STREET ADDRESS (If rural give location) 837 Ingraham St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Frank (Last) Roche
4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 17 - 1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired.
10b. KIND OF BUSINESS OR INDUSTRY: Wash. D.C. Bureau Engraving operator IBM
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John F. Roche
14. MOTHER'S MAIDEN NAME: Ann Regan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 577-14-3552A
17. INFORMANT & ADDRESS: Wife Mary M Roche

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5810
Immediate cause (a) Broncho-Pneumonia (Terminal) — Interval Between Onset And Death: 24 hrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atrophic Cirrhosis of the Liver — 6 yrs. +
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ..., 1946., to Dec. 5, 1952, that I last saw the deceased alive on Dec. 5., 1952, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Marshall Lewellin Jr. M.D.
ADDRESS 1407 - Woodside Parkway Silver Spring Md.
DATE SIGNED 6 DEC. 1952

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 12/9/52
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 12/8/52
REGISTRAR'S SIGNATURE Bessie M. Humphreys
24. FUNERAL DIRECTOR T. J. Collins
ADDRESS 3821 - 14th St D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14752

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: Montgomery
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
   MARYLAND — LENGTH OF STAY (in this place): 15 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: D.C. COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
   STREET ADDRESS (If rural give location): 4831 - 36th St. N.W. D.C.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Thomas (Last) Rousseau

4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 18, 1872

9. AGE Last birthday: 80 yrs. IF UNDER 1 YEAR: Months 7 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Rousseau

14. MOTHER'S MAIDEN NAME: Jennett Spaulding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Myocardial infarction — Interval Between Onset And Death: 7 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Coronary occlusion — 1 hour
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 15 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2, 1952, to 12-12, 1952, that I last saw the deceased alive on 12-16, 1952, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Fitzhugh R. Bergman M.D. — ADDRESS: 8811 Colesville Rd. Silver Spring Md. — DATE SIGNED: 12-17 52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 12-19-1952 — NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem. — LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR: Dec-19 1952 — REGISTRAR'S SIGNATURE: J. Nelson Dodd

24. FUNERAL DIRECTOR: Joseph Gawler Sons — ADDRESS: 1756 P. Ave. N.W. Wash D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11753

213

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, Md. LENGTH OF STAY (in this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) Route #2 East of Broad.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) L (Last) Royer
4. DATE OF DEATH: (Month) Dec (Day) 23 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: April 13 1877
9. AGE last birthday: 75 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Lebanon City Penn.
12. CITIZEN OF WHAT COUNTRY? Yes
13. FATHER'S NAME: John L. Long
14. MOTHER'S MAIDEN NAME: Elisa Fox
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. S. B. Royer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1534 Immediate cause (a) Carcinoma of bowel with — 21 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastases to liver, lungs & bone

(c) Respiratory Failure — 1 mth

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 2, 1951, to Dec 22, 1951, that I last saw the deceased alive on Dec 22, 1951 and that death occurred at 11:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Philip C. Jones M.D. 918 Ellsworth Drive Silver Spring Md. Dec 24, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Buried | DATE THEREOF: 12/25/51 | NAME OF CEMETERY OR CREMATORY: Lebanon | LOCATION (City, town, or county) (State): Leb— Pa—

DATE REC'D BY LOCAL REG.: Dec 24 1951 | REGISTRAR'S SIGNATURE: Linda L. Cook | 24. FUNERAL DIRECTOR: Grant C. Gantner ADDRESS

Helen I. D. Eppenfelder

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1754

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1606 Sherwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 1606 Sherwood Road

3. NAME OF DECEASED (Type or Print): (First) FLORACE (Middle) C. (Last) SCALF

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 17, 1893

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Economist

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't.

11. BIRTHPLACE (State or foreign country): Pikeville, Ky.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jerry L. Scalf

14. MOTHER'S MAIDEN NAME: Sarah Pinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW #1

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Margaret Scalf, 1606 Sherwood Rd., SS, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Pulmonary Edema.	12-6-52.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Left Ventricular Failure - Myocardi[illegible]	11-3-52
	(c) Chronic Bronchitis	1-30-50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-3, 1952, to 12-7, 1952, that I last saw the deceased alive on 12-7, 1952, and that death occurred at 6.50 A m., from the causes and on the date stated above.

SIGNATURE: Wm. J. Gordon Jr. M.D. (Degree or title) ADDRESS: 3115-16 St N.W. Wash. D.C. DATE SIGNED: 12-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/10/52 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Dec 8, 1952 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warren E. Humphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ■uses of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11755

Reg. Dist. No. 2-16

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Glen
STREET ADDRESS (If rural, give location) Hale & Holeman Ave's.

3. NAME OF DECEASED (Type or Print): (First) SHIRLEY (Middle) ROYSTON (Last) SHELTON

4. DATE OF DEATH: (Month) Dec. (Day) 6, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 29, '05

9. AGE last birthday: 47 yrs. — If under 1 year: Months 3 — Days 8 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Sherwood B. Royston

14. MOTHER'S MAIDEN NAME: Anna A. Grey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Muriel R. Willis- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock due to bullet wound thru chest — 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-6-52

19b. MAJOR FINDINGS OF OPERATION: same as above

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home of friend — (CITY OR TOWN): Garrett Pk — (COUNTY): Monty — (STATE): Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: Dec 6-52 9:55 P m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? self inflicted bullet wound

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide X, homicide ___, undetermined ☐.*

SIGNATURE: Frank J. Bouchart — (Degree or title): M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 12-7-52

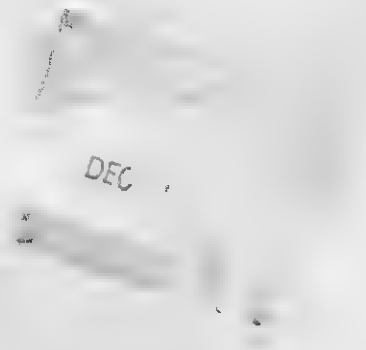
23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-9-52 — NAME OF CEMETERY OR CREMATORY: St. John's — LOCATION (City, town, or county) (State): Forest Glen, Md.

DATE REC'D BY LOCAL REG. 12/9/52 — REGISTRAR'S SIGNATURE: Jessie M. Stewart — 24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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Item #9, Film G149
2/15/62, mnb

MARYLAND STATE DEPARTMENT OF HEALTH

1756

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; LENGTH OF STAY (In this place) 3 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairhaven Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; STREET ADDRESS (If rural, give location) 10116 Kensington Parkway

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) G. (Last) SHOEMAKER

4. DATE OF DEATH: (Month) Dec (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Aug 26 1867

9. AGE last birthday: 85 8/12 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist

10b. KIND OF BUSINESS OR INDUSTRY: Self Dentist

11. BIRTHPLACE (State or foreign country): Georgetown D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis D. Shoemaker

14. MOTHER'S MAIDEN NAME: Ann C. Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Rest Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary heart disease — Interval between onset and death: (yrs.)

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arteriosclerosis — (yrs.)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1951, to Dec 6, 1952, that I last saw the deceased alive on Dec 5, 1952, and that death occurred at 2:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm H. Kimes 7942 Wisconsin Bethesda Md. 12/6/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 9, 1952	Oak Hill Cem.	Washington D C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/8/52		Joseph F. Birch's Sons	3034 M. ST N.W. Washn D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 2-23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 .8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cedar Haven Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 806 Forston Drive

3. NAME OF DECEASED (Type or Print): (First) Hetty (Middle) May (Last) Silbert

4. DATE OF DEATH: (Month) Dec. (Day) 25, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 20, 1880

9. AGE last birthday: 72 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brooklyn N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Lockwood

14. MOTHER'S MAIDEN NAME: Jane Milward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Records Cedar Haven Rest Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

44 cx

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 23 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive cardio-vascular disease — Mo. to Yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. a. Rt. hip fracture, healing. b. Hemiplegia, right, convalescing. — 1 month, 4 months

19a. DATE OF OPERATION: Nov. 26, 1952

19b. MAJOR FINDINGS OF OPERATION: Fracture of rt. hip.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 25, 1952, to Dec. 25, 1952, that I last saw the deceased alive on Dec. 25, 1952, and that death occurred at 10:35 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Walter M. Mook M.D. 7701 Carroll Ave. Takoma Pk. Md. 12-26-52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation

DATE THEREOF: 12/29/52

NAME OF CEMETERY OR CREMATORY: Congressional Cem.

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 12/26/52

REGISTRAR'S SIGNATURE: J. Holton Deal

24. FUNERAL DIRECTOR ADDRESS

W. P. Bustemante & Sons Wash. D.C. 5732 Blair Rd.

Approved by Montgomery County
Medical Examiner.
H. M. Brooke M.D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

14758

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA (RURAL)
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia (MARYLAND) — COUNTY: (MONTGOMERY)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (BETHESDA) VIENNA
STREET ADDRESS (If rural give location): (U.S. NAVAL HOSPITAL)

3. NAME OF DECEASED: (First) Baby Boy (Middle) John Harvey (Last) SLUSSER II
4. DATE OF DEATH: (Month) December (Day) 16 (Year) 1952
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 12-14-52
9. AGE last birthday: yrs. 2 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): - - - - -
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - -
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN HARVEY SLUSSER
14. MOTHER'S MAIDEN NAME: CAROLINE MARTHA HUNTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO.: - - - - - -
17. INFORMANT & ADDRESS: Father: John H. SLUSSER Center St.& Wilmar Pl, Vienna, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
763.0
Immediate cause (a) Atelectasis — DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO
(c)
Interval Between Onset And Death: 36 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cleft palate; micrognathism

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14, 1952, to 12-16, 1952 that I last saw the deceased alive on 12-16, 1952 and that death occurred at 11.20, from the causes and on the date stated above.
SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
T. W. Sederstrom, LT MC USN — Bethesda, Md. — 12-18-52

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — DATE THEREOF: 12-17-52 — NAME OF CEMETERY OR CREMATORY: ARLINGTON NATIONAL — LOCATION (City, town, or county): ARLINGTON — (State): VIRGINIA
DATE REC'D BY LOCAL REGISTRAR: 12-17-52 — REGISTRAR'S SIGNATURE: Elsie Whittington
24. FUNERAL DIRECTOR — ADDRESS: MONEY AND KING Box 234, VIENNA, VIRGINIA

20V2393406

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1759

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural give location): 6711 - 45th Street

3. NAME OF DECEASED: (Type or Print) (First) Archibald (Middle) — (Last) Smith

4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 20 1880

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): patent examiner

10b. KIND OF BUSINESS OR INDUSTRY: Commerce Dept.

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Smith

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Helen B. Smith - 6711 - 45th St, Bethesda, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cirrhosis, Cardiovascular Sclerosis — 2 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Contributory (Hemorrhoids)

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 24, 1952, to Dec. 9, 1952 that I last saw the deceased alive on Dec. 9, 1952 and that death occurred at 2:20 P.M. from the causes and on the date stated above.

SIGNATURE: Austin T. Peltier M.D. (Degree or title) — ADDRESS: 101 Wisconsin Circle — DATE SIGNED: 12/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-15-52 — NAME OF CEMETERY OR CREMATORY: Parklawn — LOCATION (City, town, or county) (State): Montgomery Co., Maryland

DATE REC'D BY LOCAL REGISTRAR: 12/13/52 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 24. FUNERAL DIRECTOR: Robert D. Umphrey — ADDRESS: Bethesda, Md.

VS. A15

Film B 150 - Item #8
1/9/53, mnk

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14760

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural give location): 3605 Chevy Chase Lake Drive

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Lee (Last) Smith

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 25 1898

9. AGE Last birthday: 54 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Surgeon

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D C

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Edward Smith

14. MOTHER'S MAIDEN NAME: Ollie Clabron Via

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Jean Smith, 3605 Chevy Chase Lake Drive Chevy Chase Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

2/4 D

Immediate cause (a) Acute cerebral vascular accident — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Polycythemia vera and/or

DUE TO (c) Severe chron. hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** White at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Oct. 1, 1952 to Dec. 31, 1952 that I last saw the deceased alive on 12/30, 1952, and that death occurred at 3:52 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm M. Ballinger M.D. — ADDRESS: 1801 Eye N.W. — DATE SIGNED: 12-31-52

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) — **DATE THEREOF:** 1/3/53 — **NAME OF CEMETERY OR CREMATORY:** Rock Creek — **LOCATION** (City, town, or county) (State): Washington D.C. — ADDRESS:

DATE REC'D BY LOCAL REGISTRAR: 1/2/53 — **REGISTRAR'S SIGNATURE:** Bessie M. Thompson

24. FUNERAL DIRECTOR: Jos. Gawler — 1756 Penna Ave Wash. D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14761

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 1 hour 30 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural give location): 13 Hawkins Lane

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) – (Last) Stewart

4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Aug. 12 1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Truck driver

10b. KIND OF BUSINESS OR INDUSTRY: Reynd Co. Coal Yard.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Stewart

14. MOTHER'S MAIDEN NAME: Sophia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Edna Franklin - 2142 O St. N.W., Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Pneumonia, lobar, R. lung, DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) type not determined DUE TO

(c)

Interval Between Onset And Death: 3 Days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17, 1952, to Dec. 17, 1952, that I last saw the deceased alive on Dec. 17, 1952, and that death occurred at 12 40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert G. Gingle M.D. ADDRESS: 5029 Battery Ln Cor Battery Ln Bethesda Md DATE SIGNED: Dec. 19, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-21-52 — NAME OF CEMETERY OR CREMATORY: Rinden — LOCATION (City, town, or county) (State): Rinden, Md

DATE REC'D BY LOCAL REGISTRAR: 12/22/52 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robt. L. Snowden — ADDRESS: Rockville Md

RECEIVED
DEC
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

11762

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

RELEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural, give location) 9909 Edwards Ave.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) M. (Last) STRICKLIN

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 28, 1952 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-7-1922

9. AGE last birthday: 30 yrs. If under 1 year: Months 6, Days 21; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Counselor-

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Freeman N. Stricklin Sr.

14. MOTHER'S MAIDEN NAME: Christie Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W W II

16. SOCIAL SECURITY No.: yes-

17. INFORMANT AND ADDRESS: F.N.Stricklin Sr. 3601 Conn. Ave. N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rupture of thoracic aorta — Interval between onset and death: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway (CITY OR TOWN) Bethesda (COUNTY) monty (STATE) md

TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 28-52. 12:31 ^ m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide , undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Bouchart M.D. ADDRESS Gaithersburg md DATE SIGNED 12-28-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12-31-52 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 12/31/52 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Robert H. Umphrey ADDRESS Bethesda, md.

14763

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 9909 Edmund Ave

3. NAME OF DECEASED (Type or Print): (First) Patricia (Middle) (Last) Stricklin
4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 1952

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 4-21-24
9. AGE last birthday: 28 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul E. Ramey
14. MOTHER'S MAIDEN NAME: Ruth Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hosp. record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory failure due to collapse of
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) both lungs (hemorrhagic) Thoracic hemorrhage — 3½ days
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of ribs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway
(CITY OR TOWN) Bethesda (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) Dec (Day) 28 (Year) 52 (Hour) 12:20 (4 m.)
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Frank J. Bourhart M.D. Baltimore Md 12-31-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/6/53
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington Va
DATE REC'D BY LOCAL REG.: 1/2/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: The S. H. Hines Co
ADDRESS: 2901-14th St

Hines — Wash. D. C.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH 11764

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo; STREET ADDRESS (If rural give location) 108 Yale Ave

3. NAME OF DECEASED (Type or Print): (First) Julian (Middle) Isiah (Last) Sullivan

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 1, 1878

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rail Road Worker

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Fairfax Co. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Sullivan

14. MOTHER'S MAIDEN NAME: Luciana Sullivan (NEE??)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Melvin T Sullivan (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Stomach & Metastasis

Antecedent cause(s) 1517

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June-1950

19b. MAJOR FINDINGS OF OPERATION: Tumor in Stomach

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1952, to Dec 31, 1952, that I last saw the deceased alive on Dec 31, 1952, and that death occurred at 11:58 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. 3046 Cent Ave. Lanham MC. 1/6/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE 1/3/53 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Pr. Geo's Co. Md

DATE REC'D BY LOCAL REG. 1/2/53 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 517-11th St SE. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1765

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, near Colesville
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Jolliffe's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 102 Chevy Chase Drive

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) DRUSILLA (Last) SWEET

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 1, 1871

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Nursing

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: David Duley

14. MOTHER'S MAIDEN NAME: Mary McChesney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Guy L. Jones, 1911 Stratton Rd., Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — —

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1951, to Dec. 13, 1952, that I last saw the deceased alive on Dec. 13, 1952, and that death occurred at 11 3/4 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Marion Bankhead M.D. 9541 Col. Island Silver Spring Md. 12/13/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 17, 1952 — NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 12-22-52 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner & Pumphrey — ADDRESS: Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15047

CERTIFICATE OF DEATH

Reg. Dist. No. 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA (RURAL)
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural give location) 11 DEVON STREET

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Dale (Last) THOMAS

4. DATE OF DEATH: (Month) December (Day) 24, (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: July 21, 1884

9. AGE Last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11 BIRTHPLACE (State or foreign country): MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lawrence T. DALE

14. MOTHER'S MAIDEN NAME: UNKNOWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNKNOWN (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY No.: UNKNOWN

17. INFORMANT & ADDRESS: Son: Hubert E. THOMAS - Same as 2 above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral vascular accident — Interval Between Onset And Death: 24 HRS.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular Disease — 10 YRS.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-23, 1952 to 12-24, 1952 that I last saw the deceased alive on 12-24, 1952 and that death occurred at 10:25 PM, from the causes and on the date stated above.

SIGNATURE P.R. Farmer (Degree or title) M.D. ADDRESS Naval Hospital Bethesda DATE SIGNED 12-29

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 12-26-52 — NAME OF CEMETERY OR CREMATORY FAIRMONT — LOCATION (City, town, or county) DENVER (State) COLORADO

DATE REC'D BY LOCAL REGISTRAR 12-26-52 — REGISTRAR'S SIGNATURE Enid Lewis — 24. FUNERAL DIRECTOR R. A. PUMPHREY — ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 14766

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA (RURAL)
LENGTH OF STAY (in this place): 8 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: DISTRICT OF COLUMBIA — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON, D. C.
STREET ADDRESS (If rural give location): 630 G Street, SE ✓

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Bernard (Last) THOMAS
4. DATE OF DEATH: (Month) December (Day) 30 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
MALE	NEGROID	MARRIED	6-6-92	60 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PAINTER	Various Places	WASHINGTON, D. C.	U.S.

13. FATHER'S NAME: William THOMAS
14. MOTHER'S MAIDEN NAME: Agnes TOLOFFEROW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
YES	WWI	578-12-9961 UNKNOWN	Wife: Hattie THOMAS - Same as 2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Edema, pulmonary	72 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO aspiration	
	(c) DUE TO 10th. nr. paralysis	5 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. X-ray evidence mediastinal mass.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

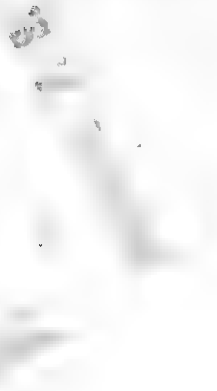
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/22, 19 52, to 12/30, 19 52, that I last saw the deceased alive on 12/30, 19 52, and that death occurred at 0815, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Robert Haase	Lt. (MC) USNR	USNH Bethesda Md	12/30/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	ADDRESS
Removal	12-30-52	Arlington National	Arlington Virginia	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-3-52	Edith Whittington	W. E. JARVIS	1432 U Street, NW., Washington, D. C.



Item 3 FilmG150 2/4/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 21767

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-61

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 18 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Montg Co

STREET ADDRESS (If rural, give location) 5615 Overlea Road

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) E. (Last) Thayman

4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 9-3-71

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chicago, Ill

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lockhart Carswell

14. MOTHER'S MAIDEN NAME: Elmira Mann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Medical Records - Washington Sanitarium Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
442X Immediate cause	(a) Cerebral vascular accident	18 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive cardiovascular renal disease	Years
	DUE TO (c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. a. Pneumonia right lower lobe 4 days; b. Rheumatoid arthritis spine, knees Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1952, to 12-2, 1952, that I last saw the deceased alive on 12-2, 1952, and that death occurred at 7:34 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Walter N. Mook M.D. 7701 Carroll Ave. Takoma Park Md. 12-2-52

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): DATE THEREOF 12-4-52 — NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory — LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REGISTRAR Dec 2 1952 — REGISTRAR'S SIGNATURE J. Wilbur Dodds

24. FUNERAL DIRECTOR Robert A. Tumphrey — ADDRESS Bethesda, Md

RECEIVED
DEC 5 ...
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14768

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA (RURAL)
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ~~MARYLAND~~ VIRGINIA COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA ALEXANDRIA
STREET ADDRESS (If rural give location) ~~U.S. NAVAL HOSPITAL~~ ✓

3. NAME OF DECEASED: (Type or Print) (First) ANTHONY (Middle) (n) (Last) TIREMAN

4. DATE OF DEATH: (Month) December (Day) 21, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 11-22-52 c

9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR: Months 1 Days 0 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): - - - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HENRY A. TIREMAN

14. MOTHER'S MAIDEN NAME: RUBY L. OXENDINE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - - - -

16. SOCIAL SECURITY No.: - - - - - - - - -

17. INFORMANT & ADDRESS: Mother: Ruby Oxendine TIREMAN, 520 Donmanton Blvd., Alexandria, Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Bronchopneumonia — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

Interval Between Onset And Death: 10 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atresia of bile ducts (clinical)

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22-1952 to 12-21, 1952, that I last saw the deceased alive on 12-21, 1952 and that death occurred at 1:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Medestrom LT MC USN U.S. Naval Hospital 12-29-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 12-22-52 — NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL — LOCATION (City, town, or county) ARLINGTON (State) VIRGINIA

DATE REC'D BY LOCAL REGISTRAR 12-22-52 — REGISTRAR'S SIGNATURE Earl Whittington

24. FUNERAL DIRECTOR R. A. PUMPHREY — ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

20X2261413

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14769

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4236 Montgomery AVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda.
STREET ADDRESS (If rural, give location) 4326 Montgomery Ave.

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) Russell (Last) Todd.

4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1952

5. SEX: Female.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married.

8. DATE OF BIRTH: 25 Jan 1897.

9. AGE last birthday: 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife & Music Teacher

10b. KIND OF BUSINESS OR INDUSTRY: [redacted] OWN Home

11. BIRTHPLACE (State or foreign country): Syracuse N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George H. Russell

14. MOTHER'S MAIDEN NAME: Vina. Stanton.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: O Newton- Todd. Husband. Same - Address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 Immediate cause (a) Carcinoma - Metastatic - Liver & Intestine — Interval Between Onset and Death: 3 Mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma - Recto-Sigmoid Colon — 6 Mo?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8 Nov. 1952.

19b. MAJOR FINDINGS OF OPERATION: Adeno-carcinoma of Sigmoid Mesentery - Primary in Sigmoid.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Nov, 1952, to 30 Dec, 1952, that I last saw the deceased alive on 29 Dec, 1952, and that death occurred at 5 00 A m., from the causes and on the date stated above.

SIGNATURE: John B. Ball (Degree or title) M.D. ADDRESS: 7936 Georgetown Rd. Bethesda Md. DATE SIGNED: 30 Dec. 52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE 1/2/53 | NAME OF CEMETERY OR CREMATORY Nash Memo. Park | LOCATION (City, town, or county) (State) Prince Geo. Co. Md.

DATE REC'D BY LOCAL REG. 12/30/52 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR AND ADDRESS: The S.H. Hines Co 2901-14th St NW.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 14770

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) OLNEY
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington Grove
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Leslie (Middle) (Last) Wachter
4. DATE OF DEATH: (Month) December (Day) 30 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	8/31/1885	67 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmowner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Wachter
14. MOTHER'S MAIDEN NAME: Laura Craver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ... Pyelonephritis Cystitis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... Arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death
(a) 2 yrs
(b) 2.

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 5/1/52, to 12/30/52, that I last saw the deceased alive on 12/29/52, and that death occurred at 1:45 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 12/30/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan 1953
NAME OF CEMETERY OR CREMATORY Mt Carmel Cemetery Assn
LOCATION (City, town, or county) (State) Sandy Spring Md
DATE REC'D BY LOCAL REGISTRAR 1-1-53
REGISTRAR'S SIGNATURE Gertrude B Farmer
24. FUNERAL DIRECTOR Roy C. Barber
ADDRESS Laytonsville Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1771

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; LENGTH OF STAY (in this place) 2 year - 9 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedarhurst; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Waldram (Middle) George L. (Last)

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower

8. DATE OF BIRTH: Dec-19-1863

9. AGE last birthday: 89 yrs. If under 1 year: Months; Days 6. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY: Home Guard

11. BIRTHPLACE (State or foreign country): Rothley Leicestershire, England

12. CITIZEN OF WHAT COUNTRY? England

13. FATHER'S NAME: Benjamin Waldram

14. MOTHER'S MAIDEN NAME: Elizabeth Whittington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: ...nno

17. INFORMANT AND ADDRESS: Asbury Methodist Home as of our record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial degeneration & infarction — Interval between onset and death: 9 year

4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral accident — 9 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. senility

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec-17-, 1950, to Dec-27, 1952, that I last saw the deceased alive on Dec-27, 1952, and that death occurred at 9A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Graham C. Miller, M.D. — ADDRESS: 7 Brookside, Gaithersburg, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/30/52 — NAME OF CEMETERY OR CREMATORY: Salem Meth. Cem. — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 12/29/52 — REGISTRAR'S SIGNATURE: C. W. Hedrick M.D. — 24. FUNERAL DIRECTOR: Lansburn Funeral Home — ADDRESS: 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Germantown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dickinson Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Belle (Last) Watkins

4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 11-3-1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months 1 Days 13 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wn. E. Ward

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: H.C.Watkins- Ednor, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Cardio - respiratory failure — Interval between onset and death: 30 mi

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) arteriosclerosis — Indefinite

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept., 19 51, to 12/16/19 52 that I last saw the deceased alive on 12/14/, 19 52, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Stephen N. Jones M.D. Rockville Md 12/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12-18-52

NAME OF CEMETERY OR CREMATORY: Rockville Union

LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REG.: Dec. 17, 1952

REGISTRAR'S SIGNATURE: Ahuda L Cooke

FUNERAL DIRECTOR: Robert H. Pumphrey

ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14773

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place) 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo
STREET ADDRESS (If rural give location) 14 Oberlin Ave.

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) W (Last) Wiener
4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 28th 1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months 0 Days 29 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Electrical
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Unk
14. MOTHER'S MAIDEN NAME: Unk.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unk
17. INFORMANT & ADDRESS: Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Cerebral Hemorrhage, right Left. — Interval Between Onset And Death: 78 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma of Prostate — 6 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ,1952, to Dec 27 , 1952, that I last saw the deceased alive on Dec 26, 1952, and that death occurred at 5:05 A.M. from the causes and on the date stated above.

SIGNATURE George Sharpe M.D. (Degree or title) ADDRESS 10644 Connecticut Ave Kensington, Md DATE SIGNED Dec 27, 1952

23. BURIAL CREMATION REMOVAL (Specify) Burial | DATE THEREOF 12/30/52 | NAME OF CEMETERY OR CREMATORY Potomac Meth. Church | LOCATION (City, town, or county) Potomac (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 12/27/52 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roberts A. Pumphrey ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

14774

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 4517 - 43rd Place N.W.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Isabel (Last) Wilkison
4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept. 20, 1859
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Bury
14. MOTHER'S MAIDEN NAME: Agnes Chew
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. Mae Perry - 4517 - 43rd Pl. N.W., Wash., DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Myocarditis, subacute	2 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary insufficiency	1 year
	DUE TO (c) Arteriosclerotic heart disease	?

420.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Internal bleeding, cause unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ,1947, to 9 Dec., 1952, that I last saw the deceased alive on 8 Dec., 1952, and that death occurred at 6:40 A.M., from the causes and on the date stated above.

SIGNATURE Herbert Martyn Jr (Degree or title) MD ADDRESS 5029 Bethesda Ave, Beth. Md. DATE SIGNED 9 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Dec. 11, 1952 NAME OF CEMETERY OR CREMATORY Rock Creek LOCATION (City, town, or county) Wash. (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 12/9/52 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR J. Wm. Lee's Son Inc. ADDRESS 300-4th St. N.E. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14775

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: MONTGOMERY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BETHESDA (RURAL)
LENGTH OF STAY (in this place): 3 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: WASHINGTON, D. C. — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): WASHINGTON, D. C.
STREET ADDRESS (If rural give location): 1746 Q Street, Northwest

3. NAME OF DECEASED (Type or Print): (First) DION (Middle) WILLIAM (Last) WILLIAMS

4. DATE OF DEATH: (Month) December (Day) 11, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12-15-69

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): U.S. NAVY

10b. KIND OF BUSINESS OR INDUSTRY: OFFICER - RETIRED

11. BIRTHPLACE (State or foreign country): OHIO

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: BYRON WILLIAMS

14. MOTHER'S MAIDEN NAME: HELEN KATHERINE COX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): YES
(If Yes, give war or dates of service): SpAm thru WWI

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT & ADDRESS: Wife: HELEN WILLIAMS 1746 Q Street, N.W. Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Bronchopneumonia, bilateral. — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis, marked. Rt. cerebral infarct 2-4 mo. duration

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 11, 1952, to Dec. 11, 1952, that I last saw the deceased alive on 11 Dec., 1952, and that death occurred at 1130 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert J. Whipple M.D. USNH, Bethesda, Md. 12 Dec. '52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 12-12-52

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR: 12-12-52

REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR: R. A. PUMPHREY

ADDRESS: 7557 Wisconsin Ave., Bethesda, Maryland

VS. A15

COPY SENT TO LOCAL

RECEIVED
DEC 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

14776

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 30 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 2030 Glenrose Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thatcher (Last) Williams
4. DATE OF DEATH: (Month) 12 (Day) 12 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-16-02
9. AGE last birthday: 50 yrs.
If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Feat business
11. BIRTHPLACE (State or foreign country): Vermont
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Thurston Williams
14. MOTHER'S MAIDEN NAME: Gertrude Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Herbert Thurston Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

E176.4

Immediate cause (a) Cerebral hemorrhage and laceration — Interval between onset and death: 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to bullet wound in skull

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home
(CITY OR TOWN): Silver Spring (COUNTY): Montg (STATE): Md
TIME (Month) (Day) (Year) (Hour) OF INJURY: Dec 12-52-6:50 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? self inflicted bullet wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Beaubien — (Degree or title): M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 12-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 15-1952 — NAME OF CEMETERY OR CREMATORY: Geo Washington Mem Park — LOCATION (City, town, or county): Dist of Columbia — (State): Md

DATE REC'D BY LOCAL REG.: 12/15/52 — REGISTRAR'S SIGNATURE: J. Nelson Dodd

24. FUNERAL DIRECTOR: Martin W Hyrons & Co — ADDRESS: 1300 N St N W. Wash. D.C.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14777 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (In this place) 33 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D. C.
STREET ADDRESS (If rural, give location) 1967 Wyoming Ave. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Mr. (Middle) Charles William (Last) Wray

4. DATE OF DEATH: (Month) (Day) (Year) 12 - 9 - 1952

5. SEX: male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 12-25-87

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Argonne Apt. House

11. BIRTHPLACE (State or foreign country): Goodland Kansas

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: J. A. Wray

14. MOTHER'S MAIDEN NAME: Alice Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

158X Immediate cause (a) Uremia — bronchopneumonia — DUE TO — Interval Between Onset and Death: 2-3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Rheumatic heart disease — DUE TO — many yrs.

(c) 2/ carcinomatosis of peritoneum — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1951, to 12/9, 1952, that I last saw the deceased alive on 12/8, 1952, and that death occurred at 5:09 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Frederic Brenwald M.D. ADDRESS Takoma Park Md DATE SIGNED 12/9/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF 12-10-52 — NAME OF CEMETERY OR CREMATORY BRUNSWICK GA. — LOCATION (City, town, or county) BRUNSWICK (State) GA

DATE REC'D BY LOCAL REG. Dec 9-1952 — REGISTRAR'S SIGNATURE J. William Dodd

24. FUNERAL DIRECTOR THE S H HINES CO — ADDRESS 2501-14 St NW. WASH, D.C.

VS. A16 3-51

Deceased Name before Naturalization- MARIE JIRKA
Deceased Name after Naturalization - MARY YIRKA

MARYLAND STATE DEPARTMENT OF HEALTH 1178

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2, 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Darnestown - Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Germantown R.F.D.# 2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Darnestown- Rural
STREET ADDRESS (If rural, give location): Germantown R.F.D.# 2

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) (Last) YIRKA

4. DATE OF DEATH: (Month) Dec. (Day) 31, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 7-2-1864

9. AGE last birthday: 88 yrs. — If under 1 year: Months 5, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Rimov, Chechoslovakia

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Antonin Moesvec

14. MOTHER'S MAIDEN NAME: Rosina Vurc

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Hunter Davidson R.F.D.#2 Germantown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Lobar pneumonia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	5 years,
	(c) Hypertension	& more.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — **19b. MAJOR FINDINGS OF OPERATION**:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): None — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 50 to Dec 31, 19 52, that I last saw the deceased alive on 30 Dec 19 52 and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE: John Fawcett M.D (Degree or title) — ADDRESS: Boyds, Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-3-53	National Memorial Park	Falls Church, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-6-53	Helen S. Engelcke RES LVA.	Robert A. Pumphrey	Bethesda, Md.

14779

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. — LENGTH OF STAY (in this place) 14 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park.

STREET ADDRESS (If rural, give location) 807 Houston Ave.

3. NAME OF DECEASED: (Type or Print) (First) Helene (Middle) Frances (Last) Yukich

4. DATE OF DEATH: (Month) December (Day) 8 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	White	Single	January 19, 1921	31 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Secretary	Clinic	Farrell, Pennsylvania	U. S. A.

13. FATHER'S NAME: Peter Yukich

14. MOTHER'S MAIDEN NAME: Francis Spiesak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Washington San. & Hosp. Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Massive Gastro-Intestinal Hemorrhage DUE TO	2 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Acute atrophic Hepatitis DUE TO	4 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-28-52	Acute Hepatitis -	Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 28, 1952, to Dec. 8, 1952, that I last saw the deceased alive on Dec. 8, 1952 and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE John A. Braunhesser (DEGREE OR TITLE) M.D. ADDRESS Takoma Park - Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 12, 1952	Mount Carmel Cemetery	Farrell, Mercer Co., Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 9 1952	Nathan Dodd	J. Arthur Walters	254 Carroll St. NW Washington, D.C.

VS. A15 8-52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14780

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Silver Spring | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 37 Milwaukee Pl NW

3. NAME OF DECEASED (Type or Print): (First) FRIEDA (Middle) (Last) ZAROFF
4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH:
9. AGE last birthday: 72 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT: Jolliffe Rest Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY THROMBOSIS — 2 DAYS

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) GENERALIZED ARTERIOSCLEROSIS — 5 MONS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1948, to Dec 5, 1952, that I last saw the deceased alive on Dec 4, 1952, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Simon C. Weiner M.D. 100 Longfellow ST NW. Dec 5, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 12/7/52 | NAME OF CEMETERY OR CREMATORY Mt Lebanon | LOCATION (City, town, or county) Riggs Rd Extended (State) Md

DATE REC'D BY LOCAL REG. Dec 8, 1952 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR B. Hanzanskyt Son ADDRESS 3501-14 St NW.

VS. A15

RECEIVED
DEC 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14781
Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA (RURAL)
LENGTH OF STAY (in this place) 16 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE VIRGINIA COUNTY ARLINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FALLS CHURCH
STREET ADDRESS (If rural give location) 1413 PATRICK HENRY DRIVE

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) CAMPBELL (Last) ZINAVAGE

4. DATE OF DEATH: (Month) DECEMBER (Day) 22 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 10-1-19

9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11. BIRTHPLACE (State or foreign country): MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM B. CAMPBELL

14. MOTHER'S MAIDEN NAME: SUSAN HENDERSON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNKNOWN (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT & ADDRESS: Husband: THOMAS (n) ZINAVAGE-Same as 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

175X

Immediate cause (a) Serous cystadenocarcinoma, ovary — 10 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/52

19b. MAJOR FINDINGS OF OPERATION: Cystadenocarcinoma, ovary, right

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6/52, to 12/22/52, that I last saw the deceased alive on 12/22/52, and that death occurred at 0445 on 12/22/52, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert Mowrin Lt (MC) USN U.S. Naval Hospital, Bethesda Md 12/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 12-22-52

NAME OF CEMETERY OR CREMATORY AUXVASSE

LOCATION (City, town, or county) AUXVASSE (State) MISSOURI

DATE REC'D BY LOCAL REGISTRAR 12-22-52

REGISTRAR'S SIGNATURE Erich Lekkington

24. FUNERAL DIRECTOR R. A. PUMPHREY ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 29 19
BUREAU V. S.